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24 haurs after death. in Item 18. Give Page r's Office along with firestor rs after death.	Plen	BURNI	e	give	street address)	wih BR	UNDEL	durin	g most of	working life.	, even if retir			00 0
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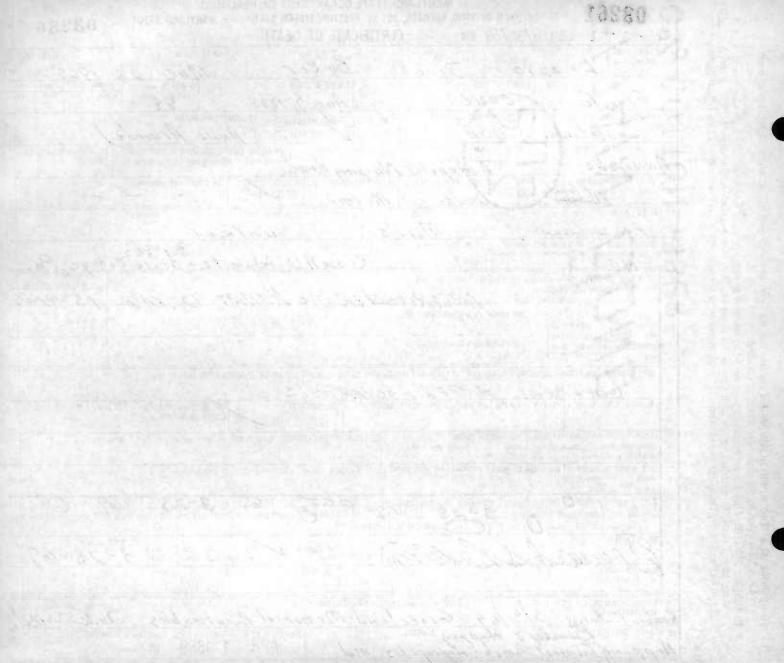
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	3. SE	MALE MALE	4. RACE CAUCA	SIAN	5. 1	DATE OF BIRTH	1885	6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS	
	7o. B caun	MARY LAND	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED [ DIVORCED [		INTY OF DEATH		M
0	G	ITY OR TOWN OF DEATH	give stre	E OF HOSPITAL OR INST et oddress) NOR ONUBLESC	TH ARU	NOSC d	20. USUAL OCCL uring most of v	JPATION (Kind of work dor warking life, even if retired	e 12b. KIND O	OF BUSINESS OR
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		WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? war or dates of service)	bb. SOCIAL SECURITY NO		MAPELIA	E MER	Address EPITH - 3018	DUNLEE	
		Canditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause lost.	D BY: ATE CAUSE (a)  DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)	A CONSEQUENCE OF	al fait	une.	ACT OR CONDITION	DI CIVIN IN SACT V		XIMATE INTERVAL DISET AND DEATH
	TEIC		CONDITION FOR WHICH			20a. AUTOPSY?	ASE OR CONDITION	ON GIVEN IN PART 1(0)  20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN	CERTIFYING
	DICAL	21o. ACCIDENT WAS UNDERLYI ☐ DR CONTRIBUTING ☐ CAUSE OF DEA (If either, natify medical exam	TH HOUR A.M. /	Manth Day Year		NJURY OCCURRED	Enter noture	af injury in Port 1 or Port	2, Item 18.)	
		21d. INJURY OCCURRED While Not while 22a. I certify that (I) (It saw the decased a causes stated above	nis haspital) attend	4/0119	fram	ON Street or R at in (my) (a	. 19	ta 3/14/Cleath accyrred anythe	County  , tha date and have	State t (I) (we) las r and from the
		22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)	A.T.	tern	MEGRE)	ATTENDING PHYS. [	MED. DIRECTOR	STAFF C	c. DATE SIGNED	69.
L	1	REMOVAL (Specify) 3	DATE 117/69	23c. NAME OF CE		(P	D	LOCATION (City or Town)	(Caunty)	(State)
		UNERAL DIRECTOR	PAUHOME	- PUND	ALK 1	DATE	REC'D BY REGIS	1969 25b. REGISTRA	R'S SIGNATURECE	-

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1	03261 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
10	Item23 FilmG412 4/30/69 kk CERTIFICATE OF DEATH
death.	1. DECEASED-NAME First Middle Jast 2a. DATE OF DEATH 2b. HOUR
deat uneral and r deat	1 2216 Jorg Daker Mar. 28 1969 M
s after	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years list under 124 Hrs. lost birthogy) MONTHS DAYS HOURS MIN.
haur H	70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
24 led i aper n 72	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
within within bon p	Annapolis give street address   Nucsing Home during most of working life, even if retired.) INDUSTRY
be executed within 24 haurs after death and tampletely filled in cytake uneral exemple carbon papers. Pages 1 and 2 in any event, within 72 hours after death	13o. USUAL KESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER
and common survey on any every survey every eve	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
ate be	F. N. GALKAGUA MOTT'S LINKAGUAN  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 2. Address
ertificate t physician sen please aval, and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (It yes give wer or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  RUSSell W. Adgress 2  RUSSell W. Adgress 2
th certific ding phys . Then p	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
ne death cel attending p permit. The	IMMEDIATE CAUSE (a) ALT THE OSE FROTIC MELLET DISERTE 15 YEARS
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that an. by fl rans trem	rise to immediate cause (o).  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
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law endin bee us th riar t	Tyo. Date of Operation 196. Condition for which operation was performed 200. Autopsy? Leos. If yes, were findings considered in certifying
AN: The law requires that are attending physician, icate has been signed by far use as the burial-traited the burial crees.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?  1210. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIPY 121b. HOW INVITED OF CHIPPED (Extended to Part 2 how 19)
ICIAN: pital al rtificate d far o	21a. ACCIDENT WAS UNDERLYING SCONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR C
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician e 3 shauld be detached far use as the burial-transit permit. Then pleased with the State Dept. of Health priar ta burial, crematian, ar remaval, and	While Not while of Not while of Not while Not while of No
O	220. I certify that (1) (this haspital) attended the deceased from 25, 1965, to 3-28, 1969, that (1) (we) last
TO HOSPITAL OR ATTENDING Page 4 may be retained by th TO FUNERAL DIRECTOR: After the director, page 3 shauld be do shauld be filed with the State	saw the deceased alive an 3 - 28 1968, and that in (my) (our) apinion deoth accurred on the dote and hour and fram the causes stated above (1) (we) (did) (did not view the bady after deoth.
R AT reta	222 STENATURE ATTENDING MED. STAFF 22c. DATE SIGNED
PITAL OR may be r RAL DIRE	PED BYSSET OF THE STORE PHYS. DIRECTOR PHYS. DIRECT
SPIT, LERA ar, p	NAME (Type)
O HOSPITAL Page 4 may O FUNERAL directar, pag	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)  REMOVAL (Specific 2014) 3/31/6.9 (State) 1.000 (County) (State)
00	REMOVAL (Specific Poris) 3/31/69 Grace/and Memorial Coral Gables Dade Flamel, 24. FUNERAL DIRECTOR Benefit & ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
VR A15 45M · 1	Hopping Euneral Home - Annapolis and DATE APR 1 1989 Charles Garage



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03257 03262 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the funeral (Type or print) William BALDWIN Norman March 3. SEX 4. RACE S. DATE OF BIRTH in by the Poges 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Male last birthday) White HOURS July 1, 1886 72 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S. Anne Arundel WIDOWED [ DIVORCED [ filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Annapolis prospot warking life, every if retired.) anne Arundel remove carbon completely Gen. Hospital 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? Maryland Anne Arundel Annapolis YEXXX 29 Franklin St. any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First puo Last Middle Last = physicion cremation, or removal, and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Z. INFORMAN Yes, ng, or unknown) (If yes give war or dates of service) offending presents. The 18. CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: APPROXIMATE INTERVA BETWEEN ONSET AND DEATH permit. suy occuração 72 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave buriol-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physicion. stating the underlying cause burial last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) detached for use as the e Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate hos been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES W NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOMF, FARM, STRFFT, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from\_ 1962 . 10 March \_1969, and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive an\_ 3/26 3 should with the S causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF director, page 3 should be filed v DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 1407 Forest Drive, Annapolis, Md. John L. Hedeman, M.D. 3-29 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION BREMOVAL (Specify) EMORIAL FUNERAL\_DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATAPR 1969 Charles On

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03258 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-Poge DANIEL. ō DEATH MATED delay and 3 4. RACE IF LINDER 24 HRS 3. SEX S DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR M W 3-30-18 50 YRS 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED 9. COUNTY OF DEATH Irem 18. Give Poges 1, Office along with form FANCE ARONTE! WIDOWED F DIVORCED [ Penna. U. S. A. pages 1 and 2 with the State 12b. KIND OF BUSINESS OR 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress) during most of working life, even if retired.)
Truck Driver INDUSTRY DOA-NORTH PROWDEL Robinson Oil 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATEMarvland 13b. COUNTY Anne Arundel Glen Burnie VES NO ... 1601 Heathwood Rd. 21061 ofter 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Moss D. Barnhart Virginia Stewart in pencil in Examiners ( hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESien Burnie, Md. (Yes, no, or unknown) 217-12-1597 Catherine W. Barnhart. 1601 Heathwood Rd. .⊆ within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) be executed permit. TWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carrier deservas IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). ony This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? the certificate. YES 🗀 NO 🖂 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. cremation. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 7 Inquiry ? ond in my opinion deoth resulted from Natural couses Accident [ Suicide Homicide Undetermined monner pleose CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED funeral ASSISTANT MEDICAL EXAMINER SIGNATURE 3-9-69 E. Lin hands. DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) n. A Co the 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify 3-12-69 Howard Md. Meadowridge Cemetery Dorsey Rd., 250 REC'D BY REGISTRA 969 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave. 21229 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



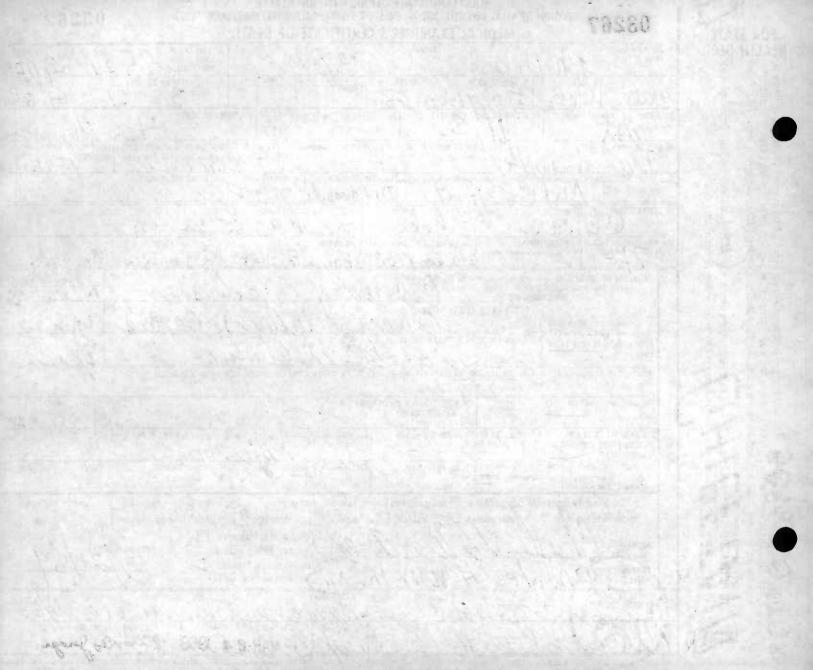
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITHMORE, MARYLAND 21201 03260  CERTIFICATE OF DEATH  20. DAILE OF DIATH  2		1			DEPARTMENT OF HEA		
CERTIFICATE OF DEATH    Control   Co			DIVISION OF V	ITAL RECORDS, 301 W. P	RESTON STREET, BALTIMO	RE, MARYLAND 21201	03260
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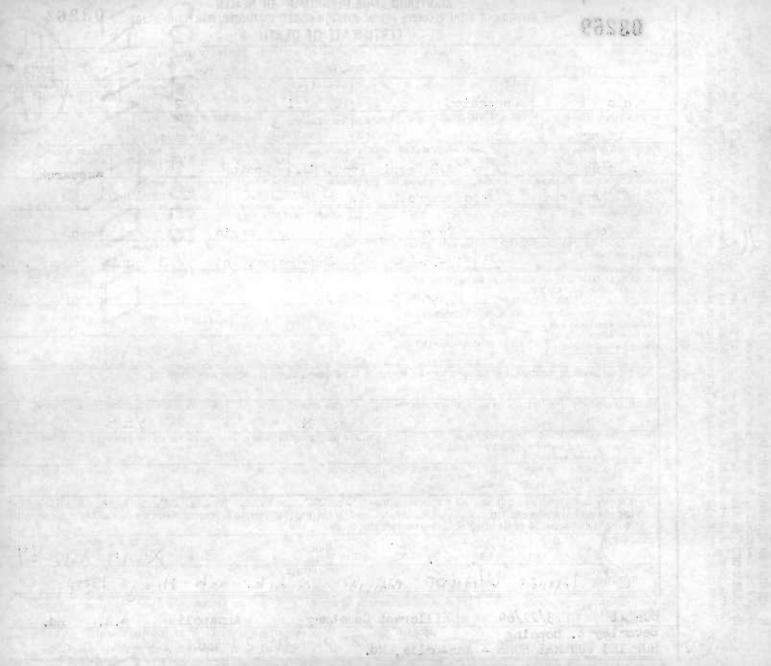
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Manth 2b. HOUR (Type or Print) ESTI-Page DEATH MATED AGE (In years S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD PM3. and 2 with the State Depart 7o. BIRTHPLACE (State or foreign 7b. CITYZEN MARRIED TIMEVER MARRIED 9. COUNTY OF DEATH WIDOWED [ DIVORCED [ Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS give street address) t of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS 13e, STREET AND NUMBER odmission) STATE 13b. COUNTY Office after 14. FATHER'S NAME 24 = within pencil 16b. SOCIAL SECURITY NO within CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a), This certificate shauld writing the ward stating the underlying couse .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES T pe ㅁ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, Street or R.F.D.A ity or Town County State factory, office building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection -Inquiry ond in my opinion deoth resulted from: Natural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SUGNED ASSISTANT MEDICAL EXAMINER O DEPUT DEPUTY MEDICAL EXAMINER may Health **EXAMINER'S** NAME (Type DDRESS(Street, city, tawn, or county) 50 2Sb. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



- 1			ID STATE DEPARTMENT O		
200	03268	DIVISION OF VITAL RECORDS,			02000
4			CERTIFICATE OF DEAT		03263
	1. DECEASED-NAME First (Type or print)	Ra Lald	B Villa	2a. DATE OF DEATH March March	2b. HOUR A
	3. SEX	14. RACE	5. DATE OF BIRTH	March 20 6. AGE (In years	1969 5:454 IF UNDER I YEAR IE UNDER 24 HRS
	Male	Negro	March 19,	1969 last birthday) yrs.	MONTHS DAYS HOURS MIN.
	7a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	- 24 20
	Maryland	U.S.	WIDOWED DIVORCED	Anne Arundel	Md.
2	IO. CITI OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital 12a. L	JSUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
3	Annapolis	Anne Arundel	Gen nospit all	g most of working life, even if retired.) <b>Newborn</b>	INDUSTRY
2	13a. USUAL RESIDENCE (Where dece admission) STATE Maryland	ased lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE C	NOXXX 13e. STREET AND NUMBER	
1	14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAM	AE First Middle	Last
1	dom	Malors	Control of the control	Ann Lyda	Blunt
	16a WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SECURITY war or dates of service)	NO. 17 INFORMANT	Dlag it Address	unal to his
ŀ	No		Musil	Sterner Und	werenny.
	18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSE)	inly one cause per line far (o), (b) and (c).	of the land		BETWEEN ONSET AND OFATH
		NATE CAUSE (a)	ice fiviles		
	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	verse lie		
	rise to immediate cause (a)	(b)	0		
	stating the underlying cause last.		starity		
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE FERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
	NO				
2	19a. DATE OF OPERATION 191	o. CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
X	2) - ACCIDENT WAS TIMBEDLY	INC. TON THE OF HILley		KA.	
	21a. ACCIDENT WAS UNDERLY  3 OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (E	inter noture of injury in Part 1 or Part 2,	, Ilem 18.)
	(If either, natify medical exam	niner) P.M.		N- Ch. *	
	While Nat while at wark	OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D.	Na. City ar Tawn	Caunty State
	22o. I certify that (I) (3	discheration) oftended the decease	ed fram 3/19 , 1	9.69 , ta 3/19 , 19	9 <u>69</u> , that (1) ( <b>W</b> e) last
	saw the deceosed	alive an 3719/69 1 ve (I) to the (did nat) view the	9, ond that in (xxx)	apinion death occurred an the d	ate ond hour and from the
	22b. SIGNATURE	(ala fiai) view the		1 22.	DATE SHONED
	Eletonia (	2 Course h	DEGREE PHYS.	MED. DIRECTOR PHYS. 2	Dur 69
. 1	22d. PHYSICIAN'S		22e. ADDRESS		
	NAME (Type) Antor	nio M. Rivera, M.D.	SouthRivM	ledCent., Edgewater	r, Md.
f	23a. BURIAL, CREMATION, 23b	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d., OCATION (City or Town)	(Caunty) (State)
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N	24, FUNERAL DIRECTOR.	BORDOTH ADDRESS	NO MESON MESON	DEN SEGILLA 1968 SEGISTAN	SAIGHAJURI
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	03270 DECEASED-NAME First		Middle	CENTITICA	ATE OF		2o. DATE OF			<u> </u>	2b. HOUR
	(Type or print)	ATRICIA	M		BOYD			3 Month 2	5 Doy	69eor	11:20
3.	SEX	4. RACE			S. DATE OF BIE			6. AGE (In year last birthday)		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
_	Female		nite			19/67		2	YRS.		
/o.	Baltimore, Md.	7b. CITIZEN OF WHAT	La 2000	8. MARRIED [	NEVER MARI	KIELLE	COUNTY OF	DEATH nne Aru	ndel		
10.	CITY OR TOWN OF DEATH  Glen Burnie	11. NAM	E OF HOSPITAL OR INS	L-	t in haspital	12a. USUAL (	OCCUPATION	(Kind of work life, even if reti	done	12b. KIND OF I	Md BUSINESS OR
13c	. USUAL RESIDENCE (Where decease nission) STATE Md	ed lived, if institution 13b. COUNTY	: Residence befare	13c. CITY OR Glen	TOWN Burni	YES NO S	7	REET AND NUMB		rd Road	
14.	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MA	IDEN NAME First		Mid	ldle		Last
	Kenne		Воу			Patr	icia		M•	Ma	nning
16	1. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give we	ED FORCES? ar or dates of service)	Sb. SOCIAL SECURITY I	NO. 17. IN	FORMANT C	nart: No	rth A	Addr rundel	ress	Glen B	urnie
	18. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED	y one couse per line	for (a), (b); 2and (c).	) .	38.4	1					ATE INTERVAL ISET AND OBATH
CFRTIEICATION	rise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CON  19a. DATE OF OPERATION 19b. (c)  21a. ACCIDENT WAS UNDERLYIN	DITIONS CONTRIBUTION  MEGANIC  CONDITION FOR WHICH	OPERATION WAS PE	REFORMED	200. AUTOI	1: - 2 de	20b. IF CAUSES	YES, WERE FIND OF DEATH?			RTIFYING
MFDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Manth Doy Year								
MF	While Nat while at work of wark	PLACE OF INJURY (A)			1			ar Tawn		County	State
	220. I certify that (I) (this saw the deceased all couses stated above	s haspital) atten ive on, (l) (we)(did)(d	ded the deceose id not) view the	ed from 9 08, and bady ofter d	that in (m)	9, 19 <u>_6</u> - y) (our) opinio	z, to on deoth o	3/25 occurred on t	_, 19 <u>@</u> he dot	e and hour	(I) (we) las
	22b. SIGNATURE	Mille	Se MA	DEGRE	ATTENDIN PHYS.	☐ DIRE	CTOR 🗆	STAFF PHYS.	22c. D	ATE SIGNED	
	NAME (Type) DR.	ALVIN HE	CKER		310	Crain H	Highwa	y, SW,	Gler	Burni	e, Md
	BURIAL, CREMATION, PEMOVAL (Specify) 28 FUNERAL DIRECTOR  Kirkley Funeral	Mar. 69	ADDRESS	Haven	Memori	al Park 25a. REC'D BY F		Glen Bu	າຕກຳ	(Caunty)  e AA C  IGNATURE	(State)

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7	Items#14&15,FilmG410 3/24/69 km CERTIFICATE OF DEATH	
deoth.	1. DECEASED-NAME First Middle Lost Lost 20. DATE OF DEATH  (Type or print) Helena Lacy Brooks AKA DANDSON Month 3 Doy 17 Year 6	2b. HOUR 9 1:40pm
after after	3. SEX  4. RACE  S. DATE OF BIRTH  Female  Caucasian  S. DATE OF BIRTH  1893 Aug 20  6. AGE (In yeors lost birthday)  75 YRS.	IF UNDER 24 HRS
in by ers. P	70. BIRTHPLACE (Spin or foreign of the Country) Richmond, Va U.S.A.   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   WIDOWENTEN. DIVORCED   Anne Arundel	Md.
isote be executed within 24 hours after deoth sician and completely filled in by the traveral please remove corbon papers. Pages 2 and 2, and in ony event, within 72 hours after depith		F BUSINESS OR
omplete ve cork	13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission Mary land become lived, if institution: Residence before Baltimore Baltimore 13c. CITY OR TOWN 13d. MISIOE CITY LIMITS7 13e. STREET AND NUMBER 1117 E. Pratt Stree	t
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he death certificate be oftending physician permit. Then please ion, or remaval, and in	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SQCIAL SECURITY NO 17. INFORMANT Address	
TE TE	Yes, no or unknown) (If yes give war or doles of service) 275433330J Hospital Records, Crownsville, Maryl,	and
ng The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  879F00 879F01	ONSET AND DEATH
eath endii nit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Insufficiency	
e d offe on,	4/09 DUE TO, OR AS A CONSEQUENCE OF	
the sit	Conditions, if only, which gove (b) Old Myocardial Infarction	
tho an. by ron cren	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
res red red iol-t	lost. (c) Arteriosclertic Cardiovascular, severe	
v requiring phy	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  Pulmonary Atelectasis	
The lov ottend hos be se os the prior	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 12b. HOW INJURY OF COURSED (Enter polyure of injury in Port 2 of Part 2 of Part 2 of Part 3	CERTIFYING
ICIAN: pital or rtificote d for u	GI (If either, notify medical examiner)    OR CONTRIBUTING   CAUSE OF GEATH   HOUR A.M.   Month   Doy   Year   P.M.	
S PHYS the hos this ce detoche	While Not while of work of wor	Stote
OR ATTENDING PHYSICIAN: The low requires that the death certificate be be retained by the hospital or ottending physician.  DIRECTOR: After this certificate has been signed by the ottending physiciam or per 3 should be detached for use as the buriol-transit permit. Then please reded with the State Dept. of Health prior to burial, cremation, or remayal, and in	22a. I certify that (I) (this haspital) attended the deceased fram 7/4, 19.69 a 3/17, 19.69, that saw the deceased alive an 3/17, 19.69, and that in (my) (aur) apinion death accurred an the date and haur causes stated abave, (I) (we) (did) (did not) view, the bady after death.	t (I) (we) last and fram the
OR ATI	22b. SIGNATURE ATTENDING ATTENDING DIRECTOR STAFF 22c. DATE SIGNED 3/18/69	
SPITAL 4 moy   ERAL I or, pag d be fill	22d. PHYSICIAN'S NAME (Type) Charles R. Venter, M.D. 22e. ADDRESS Crownsville State Hospital, Mary	land
TO HOS Poge direct	230. BURIAL, CREMATION, 23b. DAJE 3/22/69 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (County)  REMONAL Specific County (County)	(Stote)
VR A15 (4) 45M - 1/69	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NOTH N. TAYLOR. SONS ANNAPOLIS MID DAMAR 2 4 1969 Charles Vine	100
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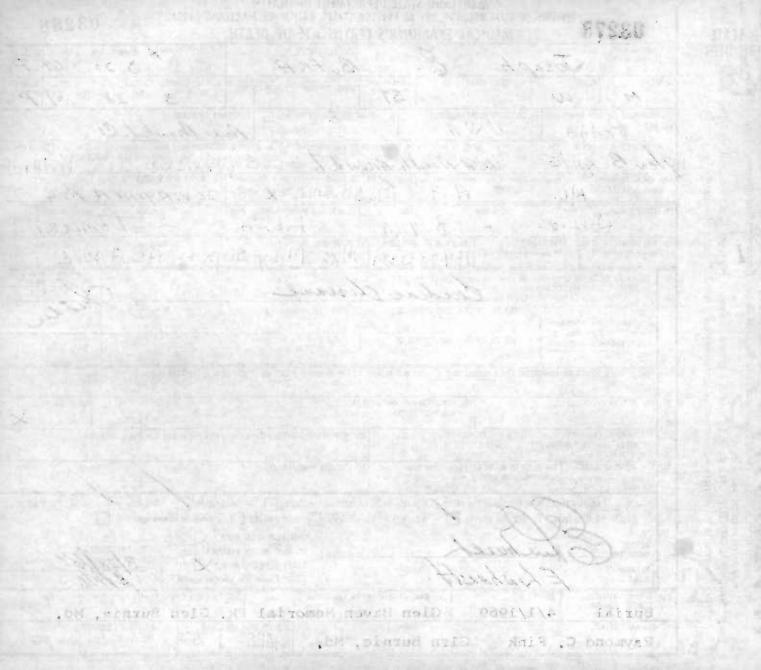
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03268 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) OF ESTI-DEATH MATED 169 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR HOURS 14 and 2 with the State Depart 7o, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9. COUNTY OF DEATH WIDOWED [ DIVORCED Item 18. Give Pages 10. CITY-OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital alang with 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during nost of working life, even if retired.) INDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Where deceased lived, if institution: Residence before odmission) STATE 13b. COUNTY BURNIE YES NO [ haurs Office after 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME HEN be executed within 24 = haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) within APPROXIMATE INTERVAL 5 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal. used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES 🗍 NO pe 21o. EXTERNAL CAUSE WAS Б 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M EXAMINER: burial, crematian, 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote County foctory, office building, etc.) may be retained far yaur FUNERAL DIRECTOR: Page NOT WHILE I AT WORK AT WORK 22a. I certify that I took charge of the remains described obove, held an Autopsy Inspection 🖊 Inquiry ond in my opinion death resulted from Suicide [ Natural couses Accident Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ADDRESS(Street, city, town, or county) NAME (Type) the 50 23o. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 4/1/1969 Glen Haven Memorial Pk. Glen Burnie, Md. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Charles 1969 Glrn Burnie, Md. Raymond C. Fink VR A15ME (5)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03269 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-DEATH MATED Poge ment of 2d. HOUR IF UNDER 24 HRS DATE PRONOLINCED 3 SEX . 4 RACE PM3. HOURS Depout 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED cominer's Office alang with form in Item 18. Give Pages 1, WIDOWED P poges I and 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR JOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR warking life, gues if retired.) give street oddress) during maskaf INDUSTRY 13a. USUAL RESIDENCE (Where degeosed lived, if institution: Residence before 13c. CITY, OR TOWN 13d. INSIDE CITY LIMITS odmission) STATE 13b. COUNTY offer Middle 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME Middle REASEN pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO. within (Yes, na, or wnknown) (If yes give war or dates of service) E within 18. CAUSE OF DEATH (Enter only one cause per line ar (a), (b), and (e pending in permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AMA CONSE buriol-transit Canditions, if any, which gave rise ta immediate cause (a), should please execute the certificate, writing the word stating the underlying couse .= 4 should be forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) removol be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO F 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR COMPRIBUTING EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street at R.F.D. No. factory, office building, etc.) FUNERAL DIRECTOR: Poge AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy , Inspection 12 ond in my opinion Inquiry deoth resulted Natural courses Accident Suicide Homicide Undetermined manner ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL FXAMINER necessory, DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy TO FUNE Heolth ADDRESS(Street, city, tawn, or county) NAME (Type) the BURIAL, CREMATION 23d. LOCATION (City a Tawn) (County) REMOVAL (Specify) 3/27/69 Glen Haven Memorial Glen Burnie, Md. Burial 24 FUNERAL DIRECTOR 1969 Raymond C. Fink Glen Burnie, Md. VR ATSME SL

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Surint 3/27/69 Clen Haven Memorial Glor Harnie, Vd.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03271 CERTIFICATE OF DEATH 1. DECEASED-NAME 2b. HOUR 20. DATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. and completely filled in by the funeral remave carban papers. Pages 1 and 2 in any event, within 72 hours after death. (Type or print) Marchontl, 1989 Albert James Cermak 6:30 M 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last bighsloy) HOURS October 10,1906 White Male 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH B. MARRIED K NEVER MARRIED country) Anne Arndel DIVORCED T U.S.A. WIDOWED | Maryland IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street Wdress)
130 Meadow Rd. during most of working life even if retired.) INDUSTRY Brooklyn Dupont 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE
Maryland Anne Arundel NOT Brooklyn Pk YES 130 W. Meadow Rd. 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle James Cermak 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 216-05-9958 Mrs. Deborah Cermak Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

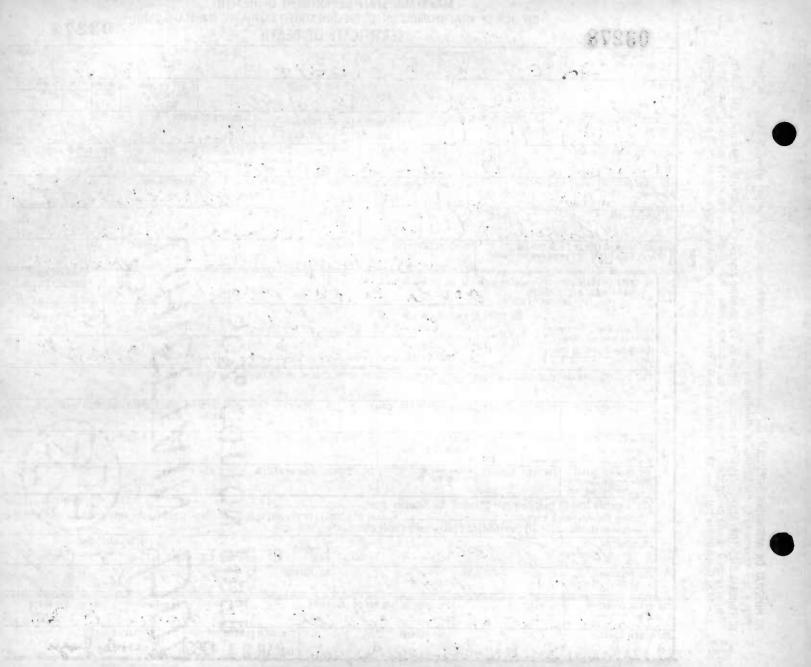
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) DETWEEN ONSET AND DEATH Carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO TH 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (1) (this hospital) attended the deceased from \$19168, 19 to 11 Macl, 1969, that (1) (we) lost sow the deceased alive on 1969, and that in (my) (our) apinion death occurred on the date and hour and from the couses stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE **ATTENDING** STAFF M D. DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S R. Sosnoush NAME (Type) Ritchie 4016 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Glen Burnie, Maryland Glen Haven 2So. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1768 George J. Gonce 4001 Ritchie Hgwy. 21225 Millerales Judge

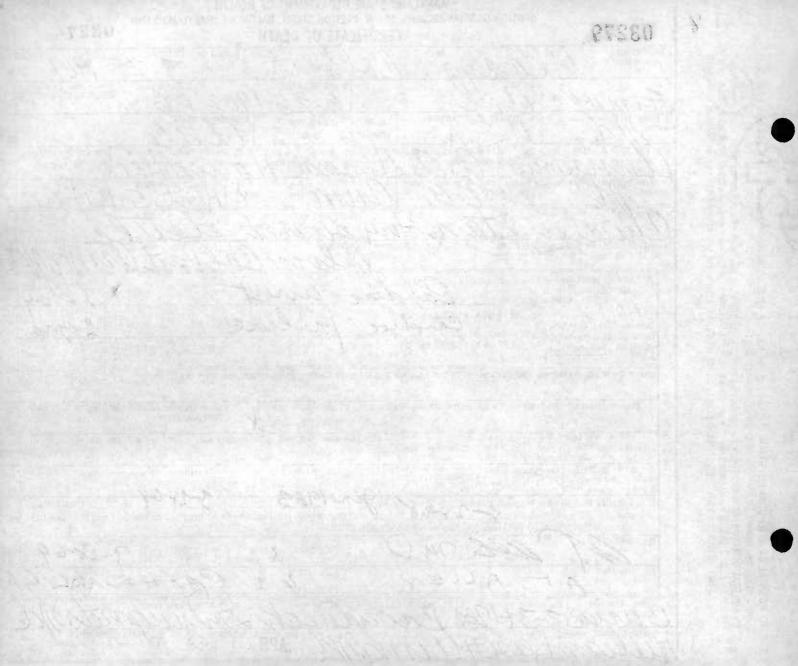
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03272 CERTIFICATE OF DEATH 2b. HOUR P DECEASED-NAME First Lost 20. DATE OF DEATH signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and 2 burial, cremation, or remaval, and in any event, within, 72 hours after death executed within 24 haurs after death (Type or print) 3 Month 7 8Doy 69Year 12:15 MARY CLODFELTER G 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 10-5-19 White Female 40 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED A.A. Anne Arundel Maryland DIVORCED [ WIDOWED 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY North Arundel Pasadena own home 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NOT YES Md. Pasadena 100 Mission Street 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Alice Hume Sullivan Fred requires that the death certificate MINFORMANDLY B. Clodfelter, SAMess (Husband) Same 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no. or unknown) North Arun del Hospital as #13 Chart unknown no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health prior ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES NO 🗔 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work director, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) C. Earl Hill Pine Grove Shopping Center, Pasadena, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) 23o. BURIAL CREMATION Glen Haven Memorial Park Glen Burnie, Maryland Margeh 21. 1969 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Singleton Funeral Home DAMAT. 20 Glen Burnie . Maryland

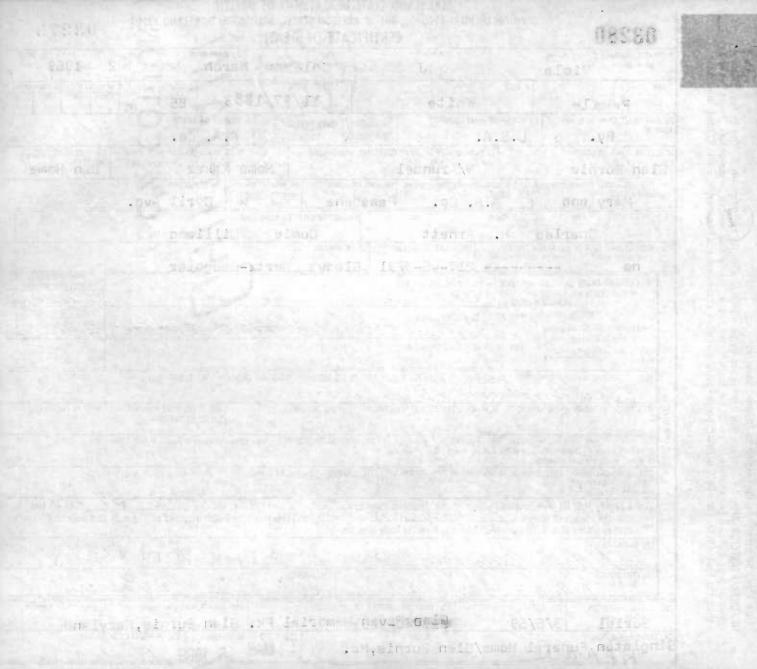
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03273 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME the funeral ages 1, and 2 as after death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death (Type or print) Month hoursafter IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 3. SEX by the Pages last birthday DAYS HOURS THPLACE COUNTRY? 9 COUNTY OF DEATH 76. CITIZEN OF WHAT .⊑ papers. DIVORCED WIDOWED completely filled within / 12a, USUAL OCCUPATION (Kind of wark dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR duripg mas of warking lite, even if retired.) INDUSTRY remove carbon 13e. STREET, AND NUMBER 13a. USUAL RESIDENCE (Where Deceased lived, if institution: Residence before OR TOWN in any event admission) STATE 13b. COUNTY Middl 14. FATHER'S NAME puo physicion please and ! 17 INFORMAN Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of ser (If yes give war or dates of service) removal offending p 18. CAUSE OF DEATH (Enter only one cause per line for (a) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE buriol, cremotion, Conditions, if any, which gave the buriol-tronsit rise to immediate couse (o) signed by DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) detached for use os the te Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗌 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. directar, page 3 should be detache should be filed with the Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County While Nat while at work 220. I certify that (1) (this hospital) attended the deceased fram\_ ond that in (my) (aur) opinian death occurred on the date and haur and from the sow the deceosed olive on.... couses stoted obove, (I) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S LLEN NAME (Type) 23C\_NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote (County) BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 0 2Sq. REC'D BY REGISTRAR NUNERAL DIRECTOR VR A15 (4) 30M REV.



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	7		03279	CERTIFICATE	OF DEATH		03274
	death.		ECEASED-NAME Type or print)	Filst Middle A Definition	DIT 20	DATE OF DEATH	8- Megr/ 9 2b. HOUR
	after s after s after	3. \$	Femal	4. RACE S. DATE	E OF BIRTH - 26-191	6. AGE (In years loss binhday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS GAYS HOURS MIN
•	4 haua 1 in b ers. P	70. cou	BIRTHPLACE (State of foreigntry)	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVI	ER MARRIED 9. CO	DUNTY OF DEATH	Md
	equires that the death certificate be executed within 24 hauss after physician. signed by the ottending physician and campletely filled in by the transfer burial-transit permit. Then please remove carbon papers. Pages I burial, cremation, or removal, and in ony event, within 72 hours after	10.	THY OF TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hos give greed address)		CUPATION (Kind of work done working life, even three ired.)	12b. KIND OF BUSINESS OR INDUSTRY
	cuted v	13a. adm	USUAL RESIDENCE (Whole dission) STATE	creased lived, if institution Residence before 13c (TV OR TOWN 13b. COUNTY)	13d. INSIDE CITY LIMITS? YES NO NO	13e STREET AND NUMBER	BO+88
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	ath cer nding p it. The		PART I. DEATH WAS (	or only ane cause per line far (a) (b), and (c).)  AUSED BY:  MEDIATE CAUSE (a)	avert		APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
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	ICIAN: pitol or rificote d for u of Heol	MEDICAL CE	21a. ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE ( (If either, natify medical e	OEATH HOUR A.M. Month Day Year p.M. 19		re of injury in Port 1 or Part 2,	Item 18.)
	by the hospit frer this certifications be detached Stote Dept. of	WE	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION	10100	City or Town	County State
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	OR ATT		22b. SIGNATURE	Mela Ou O AI	TENDING MED.	C SIAH C I	DATE SIGNED 69
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospirol or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ushould be filed with the Stote Dept. of Health		22d. PHYSICIAN'S NAME (Type)		e. ADDRESS 2	CATHE	DAGE GI
	Page 10 Fun direct	1	SMOVAL Specifical	3b. DATE 198 23c. NAME OF CEMETERY OR CREMATO	DRY 23d	LOCATION (City or Town)	(County) State)
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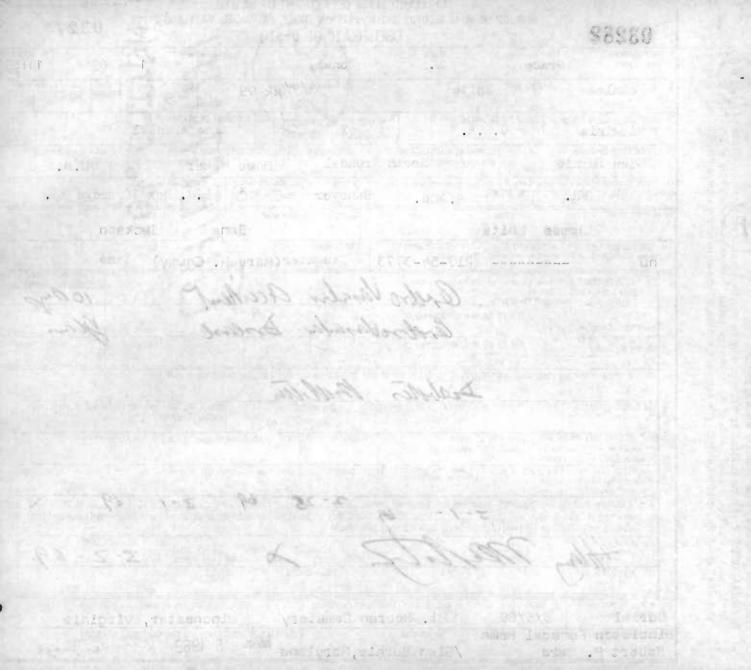




MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03276 03281 CERTIFICATE OF DEATH First Middle Lost 20. DATE OF DEATH DECEASED-NAME 2b. HOUR (Type or print) Month Dov Yeor Collins 969 Robert 30 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNCER 24 HRS. last birthdoy) MONTHS OAYS HOURS White Male 4-4-1922 burial-transit permit. Then please remave carban papers. Pac burial, crematian, or remaval, and in any event, within 72 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED Maryland II.S.A. A.A.Co. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during mast af working life, even if retired.) INDUSTRY Glen Burnie North Arundel Hosp. Machinist - INSPECTED Koppers 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY YES 809 Windsor Arnold Middle IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME and COLLINS CAMPBEL RAYMOND EMMA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, or unknown) (If yes give war or dates of service) Same VES APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATI PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior ta b as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? has CAUSES OF DEATH? YES 🗀 d far use a NO [ O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED City or Town County State While Not while at work at wark 22a. I certify that (I) (this haspital) attended the deceased from 3-28, 1964, ta 3-30, 1969, that (1) 3 - 1969, and that in (my) (aur) apinion death accurred on the date and hour and from the saw the deceased alive an\_\_\_\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 325 Hospital Dr. Glen Burnie, Md Cenan Dorkan 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) BALTIMORE NAT. CEN. BALTIMORE 2Sa. REC'D BY REGISTRAR-2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATAPR 200 Penning Ton QUE ochenda 30M REV. 1/68

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MAKTLAND STATE DEPAKTMENT OF HEALTH



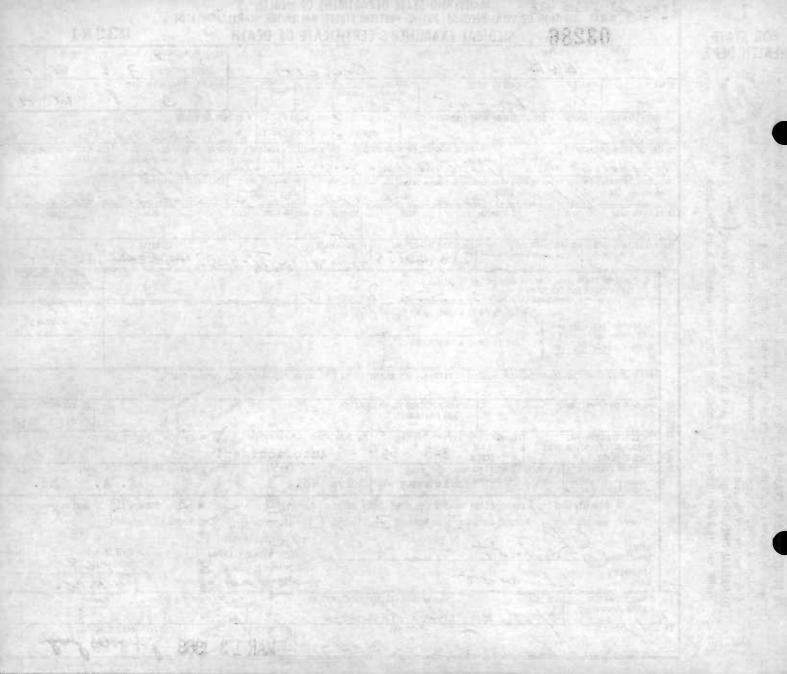
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03278 03283CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Manth Florence E. March 8:104 (ook 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 4. RACE IF UNCER 1 YEAR 1955 birthday) MONTHS DAYS HOURS Dec. 6. 1895 Female White and an analy filled in by the 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Balto. Md. USA WIDOWED DIVORCED [7] Anarundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) MOUSTRY remové carban Arnold 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER #13b. COUNTY YES NOTV Arno ld 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First ook Mari trancis the attending physician sit permit. Then please ond 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) awnpark 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital or attending as the TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) far OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from\_\_\_\_ saw the deceased alive on. 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted obove, (1) (we) (did) (did not) view the body after death 22b STGNATURE 22c. DATE SIGNED. MED. DIRECTOR DEGREE PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 0 23c. NAME OF CEMETERY OR CREMATOR LOCATION (City or Town) 23a. BURIAL, CREMATION, r (State) REMOVAL (Specify) Loudon Park 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR John T. Stansbury, Sr. 6411 Windson Mill Rd.

		00001	DIVISION O	F VITAL RECORDS,	301 W. I		T, BALTIMOI	RE, MARYLAND 21201		
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± _2.±	1. DI	CEASED-NAME	First	Middle		Lost	2a	. DATE OF DEATH  Month Do	Yeor	2b. HOUR
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ng F		1B. CAUSE OF DEATH (En	ter only one couse per	r line for (o), (b), ond (c)	.)				BETWEEN C	INSET AND DEATH
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low ndir bee s th	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPS	Y?	20b. IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
The offe has has how	E	1-7-69		ic fracture	hip	YES 🗀	NO 🗷	CAUSES OF DEATH?		
CLAN: ifol or ificate far us	MEDICAL CER	21a. ACCIDENT WAS UNDI or contributing cause (If either, notify medicol	RLYING 21b. TIME OF DEATH HOUR A.I			HOW INJURY OCCUR	RED (Enter natu	ure of injury in Port 1 ar Part 2,	Item 1B.)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fametal director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected others.	ME	21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJUR	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f.			City or Town	County	State
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FITA FRAI FRAI d be			ederic V.	Beitler, M.				Ave., Arbutus		
HOS ge 4 FUN recte	23a	BURIAL, CREMATION,	23b. DATE			R CREMATORY		d. LOCATION (City or Town) A		(State)
5 5 5 E		Burial (Specify)	8 March 1	1969 Gler	n Have	n Memoria	al Park	Glen Burnie	Md. 2	1061
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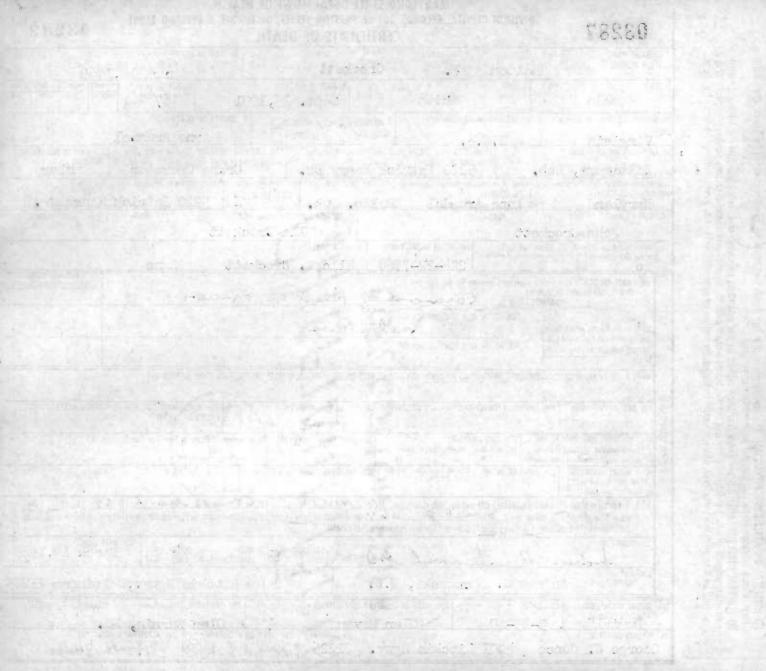
312	It 5-	ems 18-22a Film 410 MARYLAND STATE DEPARTMENT OF HEALTH 24-69 ams Division of vital records, 301 w. preston street, Baltimore, Maryland 21201	0.00
FOR STATE		03285 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03280
HEALTH DEPT.	1. D	CCEASED-NAME First Middle Last 2a. DATE KNOWN Manth OF ESTI-	Day Year 2b. HOUR
oy is 3 to Poge int of	,	EDWARD TERENCE COYNE DEATH MATED 3	11 1969 7.30
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deoth e Poges with form	10. 0	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
		INCHESTER give street address)  near boat near Shore line duting gost of working life openif retired.)	INDUSTRY
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d wit in pe Exan File n 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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fico fico l be ld b		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, II	tem 18.)
certific certific nould b fles. should tion, or	MEDICAL	PRIMARY OF CONTRIBUTING P.M. ? 19  Unknown (Found near was	ater)
	ME	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At hame, form, street, foctory, affice building, etc.)  21f. LOCATION Street or R.F.D. No.  City or Town	Caunty State
KAN te the the the the the the the the the t		WHILE NOT WHILE AT WORK AT WOR	A.A. Md.
Page Page		22a. I certify that I taak charge of the remains described above, held an Autopsy 💢 Inspection 🗍, Inquiry 🗍	, and in my apinion
ical E executor. Paged for CTOR: F		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	X
pleose e director retoined DIRECTOR		CHIEF MEDICAL EXAMINER	
y, ple y, ple rrol di se retro RAL DI prior		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
UT OOTY Decry Per ERA		EXAMINER'S DEPUTY MEDICAL EXAMINER 3/12	/69
O DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 45 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) Fdward F. Wilson, M.D. ADDRESS(Street, city, tawn, or county)	
10 To He	230	BURIAL, CREMATION, 23b. DATE 23c. TAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	E	BURY ALE 3/15/1969 St. AUGUSTINES CEM. MILLUALE	1H.
	24.	FUNERAL DIRECTOR ADDRESS 2SQ REC'D BY REGISTRAR 2Sb. REGISTRAR'S	
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71	Items 21 Film 411 MARYLAND STATE DEPARTMENT OF HEALTH 4-7-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		3281
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a DATE KNOWN 521 Month	Day Year 2b. HOUR
is ta ta af	(Type or Print) EVA Croceffi DEATH MATED 3	8 69 AM
delay	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
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e 7 July	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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afte 3. G 3. G 3. John with with	admission) CTATE /// 12h COUNTY	
hours Item 18 Office and 2	THAT HOUSE HARNEN CHESAPERSE	IRAILOR CT
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ord ord - Ch - I-tro	rise to immediate cause (a), (D) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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MINER: This certificate shauld be executed within 24 the certificate, writing the word "pending" in pencil in 4 shauld be farwarded to the Chief Medical Examiner's ur files.  8 Should be used as a burial-transit permit. File pages imation, ar removal, and in any event within 72 haurs	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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CAL exe or. F d fo d fo JTOR	death resulted from: Natural causes , Accident , Suicide , Hamicide . Undetermined manner	
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10 the He	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
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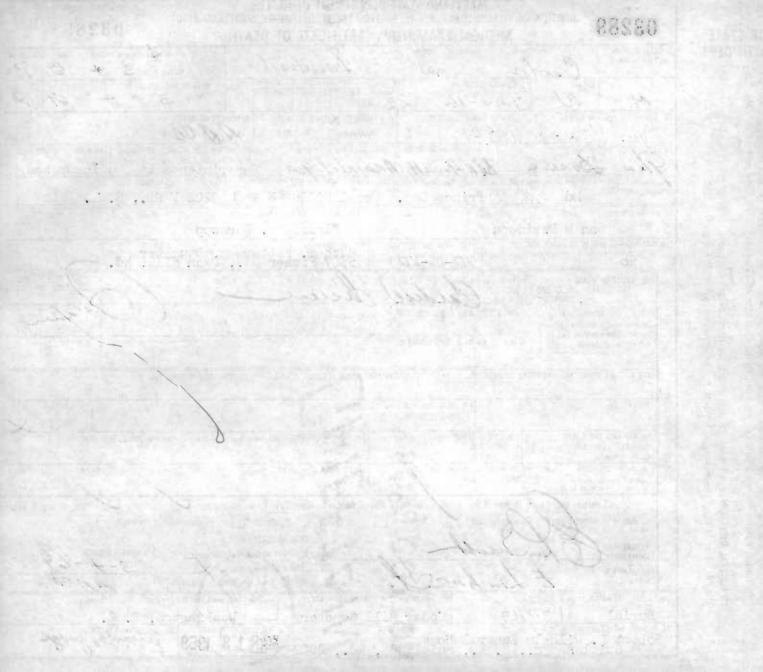
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03284 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN 2b. HOUR (Type or Print) DEATH MATED AGE (In years IF LINDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 10-30-12 W MARRIED NEVER MARRIED 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? WIDOWED | DIVORCED [ North Carolina 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10. CITY, OR TOWN OF DEATH. with during most of working life, even if retired.)
Salesman give street address) n/h. Akunoc L INDUSTRY lea BURNIE Montgomery after 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? WIT 13e. STREET AND NUMBER Office alo admission) STATE 13b. COUNTY pencil in Item 18. YES NO -291-TICKNECK-Amindal Pasadena land 2 within 24 haurs after 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME Middle Lost John D. Dagenhart Ada Alexander pages haurs Examiner's 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wor or dates of service) 238-09-1289 Mrs. Bernice B. Dagenhart No Same File APPROXIMATE INTERVAL ⊆ within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: be executed FINE N ONSET AND DEATH permit. the Chief Medical pending IMMEDIATE CAUSE (a) event DUE TO. OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (o), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval used 20. AUTOPSY? 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO D please execute the certificate. YES [ pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that look charge of the remains described above, held an Autopsy , ond in my opinion Inspection 7 Inquiry Accident Suicide [ retained death resulted fram Notural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) the 0 23g. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 23b. DATE (County) (State) REMOVAL (Specify) Glen Burnie, Maryland Glen Haven Memorial Park 3-19-69 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 21225 1001 Ritchie Hgwy. VR A15ME (5) George J. Gonce 1969 Milantas

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03285 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Month 20. DATE KNOWNEZ Dov Year 2b. HOUR (Type or Print) OF ESTI-Page 69 iny delay is 2, and 3 ta af DEATH MATED artment 3. SEX 4. RACE 6. AGE (in years IF UNDER 24 HRS S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. last birthday) MONTHS 3-14-16 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm Give Pages 1, WIDOWED DIVORCED after death with 10. CITY OR TOWN OF BEA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY URNIE Superintendent Insurance Office alang 13d. INSIDE CITY LIMITS? 6. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER b. COUNTY Prince Geo. odmission) STATE in Item 18. 5204 P St., S. E. Coral Hills YES K NO [ 24 haurs l and 2 after First Middle 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First San W Davidson Flossie M. Burnopp pages hours Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. A Patterson Daughter Fisher Rd., Oxon Hill, within (Yes, no, or unknown) (If yes give war or dates of service) no Md. within 72 File .= APPROXIMATE INTERVAL executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. pending PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (o). shauld writing the word dny DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse the .= farwarded to certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 go remaval, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES | pe 21o. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld 4 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, EXAMINER: CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) DIRECTOR: Page NOT WHILE AT WORK AT WORK burial, OL 22a. I certify that I tack charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my apinian director. be retained Matural causes Suicide death resulted fram Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE-DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Health NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 3/8/69 Cedar Hill Cemetery Washington. D. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Wilhelm Funeral Home Suitland VR A15ME (5) 10M REV. 1/68



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1	03293	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		3290
director, page 3 shauld be detached for use as the burial-transit permit. Then please rendave carbón papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.	DECEASED-NAME First (Type ar print) - IRI	5	DZIALDOWSKI	MARCH Manth 26 Da	1969 <sup>Year</sup> 12:55M
3.	SEX Female	4. RACE White	S. DATE OF BIRTH August 6,	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
70	a. BIRTHPLACE (State ar fareign auntry)England	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED M NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Anne Arundel	Md.
10	o. city or town of death Ft Geo G. Meade	11. NAME OF HOSPITAL OR II	ush Army Hosp during	UAL OCCUPATION (Kind af wark dane mast af warking life, even if retired.) Housewife	12b. KIND OF BUSINESS OR INDUSTRY None
13 ad	3a. USUAL RESIDENCE (Where decea dmission) STATE Maryland	sed lived, if institution: Residence before 13b. COUNTY Anne Arundel	13c. CITY OR TOWN 13d. INSIDE CITY		
1 14	4. FATHER'S NAME First  Joseph	Middle Last Goodier	15. MOTHER'S MAIDEN NAME	First Middle ladys	Johnson
10 1 3 3 14 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	6a. WAS DECEASED EVER IN U.S. AR Yes, no. ar unknawn) (If yes give	MED FORCES? wor or dates of service) 425-90-85	\IIu	sband) Address owski,604 Rita Dr	
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE O	OF RIGHT BREAST		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH  3 yrs
ā	MANAGE CONTROL	(c) NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O		
/	SIHO	CONDITION FOR WHICH OPERATION WAS F	YES X NO [		Yes
MCDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Yea	r 19	ter nature af injury in Part 1 ar Part 2, Na. City ar Tawn	Caunty State
	While Not while 22a. I certify thota() (the saw the deceased causes stated obov	nis hospital) ottended the decea plive on Ma.r e (*) (we) (did) ***********************************	sed from 25 Mar , 19 19 69 , ond that in (pay) (our) o body ofter death,	69 , to 26 Mar , 19 pinion deoth occurred on the d	2_69, that ∰ (we) last ate and hour and from the
1	22b. SIGNATURE  22d. PHYSICIAN'S	- Holle	ATTENDING PHYS. 22e. ADDRESS	MED. STAFF DIRECTOR PHYS. 2	DATE SIGNED 6 March 1969
	3a. BURIAL, CREMATION, 23b. REMOVAL Specific 1	3/31/69 St. Je	r CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Bristol H	(Caunty) (State)
2	BOWEN THE GORE. HOT	ping 3	S 2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE

DECASED NAME (type or primt)    Decase   Decase	03294	DIVISION OF VITAL RECORDS, 30			
Helen   Catherine   EARLEY   March   25, Doy 1963   6:15				2. DATE OF OTATAL	
S. DATE OF BIRTH MAY 16, 1900  S. COUNTY OF BATH ANNE OF MOSPITAL OR INSTITUTION (If not in hospital)  D. CITI OR TOWN OF DATH ANNE OF MOSPITAL OR INSTITUTION (If not in hospital)  D. CITI OR TOWN OF DATH ANNE OF MOSPITAL OR INSTITUTION (If not in hospital)  D. CITI OR TOWN OF DATH ANNE OF MOSPITAL OR INSTITUTION (If not in hospital)  D. CITI OR TOWN OF BUSINESS OR ANNE OF THE ORDER OF	(Type or print)			March Month 25 Do	
COUNTY OF DEATH	3. SEX			6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
New York   U.S.A.   MIDONED   DIVORCED   D	Female	White	May 16, 19	last birthdoy) YRS.	
New York  OTTO R TOWN OF BEATH  II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or provided give street oddress)  Annapolis	7o. BIRTHPLACE (Stote or foreign		MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Annapolis  30. USUAR RESIDENCE (Where deceased lived, institution: Residence before last, CITY OR TOWN  Shadyside  No. USUAR RESIDENCE (Where deceased lived, institution: Residence before last, CITY OR TOWN  Shadyside  No. USUAR RESIDENCE (Where deceased lived, institution: Residence before last, CITY OR TOWN  Shadyside  No. USUAR RESIDENCE (Where deceased lived, institution: Residence before last, CITY OR TOWN  Shadyside  No. USUAR RESIDENCE (Where deceased lived, institution: Residence before last, CITY OR TOWN  Shadyside  No. USA DECEASED FUR IN US. ARMED FORCEST  No. USA DE	New York				
A. FATHER'S NAME   First   Middle   Lost   Ins. MOTHER'S MAIDEN NAME   Lost   Ins. Mother's Mainey   Lost   Ins. M	Annapolis	give street oddress) Anne Arunde I	General Hospital	ost Sworking life, even if retired	rivate Business
166. WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one cause per liap-tor) (0). (b). ond (1)   18. CAUSE OF DEATH (Enter only one cause per liap-tor) (0). (b). ond (1)   18. CAUSE OF DEATH (Enter only one cause per liap-tor) (0). (b). ond (1)   18. CAUSE OF DEATH (Enter only one cause per liap-tor) (0). (b). ond (1)   18. CAUSE OF DEATH (Enter only one cause per liap-tor) (0). (b). ond (1)   18. CAUSE OF DEATH (Enter only one cause per liap-tor) (0). (b). ond (1)   18. CAUSE OF DEATH (Enter only one cause (2)).   18. CAUSE OF DEATH (Enter only one cause (3)).   18. CAUSE OF DEATH (Enter only one cause (3)).   18. CAUSE OF DEATH (Enter only one cause (3)).   18. CAUSE OF DEATH (Enter only one cause (3)).   18. CAUSE OF DEATH (10)   18. CAUSE OF DEATH (1	Indmission) STATE	osed lived, if institution: Residence before 13 d 13b. COUNTY d Anne Arunde 1	1470 500	Maple Ave.,	Shady, Side, Md. Cedar Hurst
Test pop trunknown    (f) was yow word odoes of sarvee)   579-68-0307   Eugene Earley, 13313   Clifton Re.	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F unknown	irst Middle	Lost
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DUE 10. OR AS A CONSEQUENCE OF CONDITION, which gove iss to immediate cause (a). Stoting the underlying cause (b). DUE 10, OR AS A CONSEQUENCE OF (c).  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).  DUE 10. OR AS A CONSEQUENCE OF (c).  DUE 10. OR AS A CONSEQ	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (o), (b), and (c).)	Tilue o		APPROXIMATE INTERVAL BETWEEN ONSIT AND GEATH
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While Not while of work of wor	(If either, notify medical exam	niner) P.M. 19			
22a. I certify that (I) (this hospital) rattended the deceased from the saw the deceased alive an analysis of the deceased alive and analysis of the deceased alive and analysis of the deceased alive and the deceased alive and the deceased from the de	While Not while	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR) OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
Causes stated abave, (1) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  32c. NAME OF CEMETERY OR CREMATORY  Owensuite, Maryland  22c. REC'D BY REGISTRAR  22c. DATE SIGNED	22a. I certify that (I) (#	his hospital)/gitended/the_deceased	from 19	51, to March 25	9 67, that (1) (we) last
22d. PHYSICIAN'S NAME (Type)  22e. ADDRESS Shady Side, Mary land  23o. BURIAL, CREMATION, REMOVAL (Specify)  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town)  24d. FUNERAL DIRECTOR  25o. REC'D BY REGISTRAR  25b. REGISTRAR'S SIGNATURE	saw the deceased	alive an /lorch 24 196	7/2, and that in (my) (our) opi	nian death accurred an the d	ate and haur and fram the
22d. PHYSICIANS NAME (Type)    22d. PHYSICIANS NAME (Type)		1 of Control (und find) view the bac		22c.	. DATE SIGNED
NAME (Type)    Millard f. Smith Stady side, Maryland     So. BURIAL CREMATION, REMOVAL (Specify)     March 28, 1969   Owensville     March 28, 1969   Owensvil	hill	and to mutho	DEGREE PHYS.	NED. STAFF	3/25/69
REMOVAL (Specify)  March 28, 1969 Owensville  March 28, 1969 Owensville  A FUNERAL DIRECTOR 2 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE		Hard F. Smith	22e. ADDRESS S/A	ady Side, Ma	uj land
24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE				23d. LOCATION (City or Town) Owensuille, Ma	(County) (Stote)
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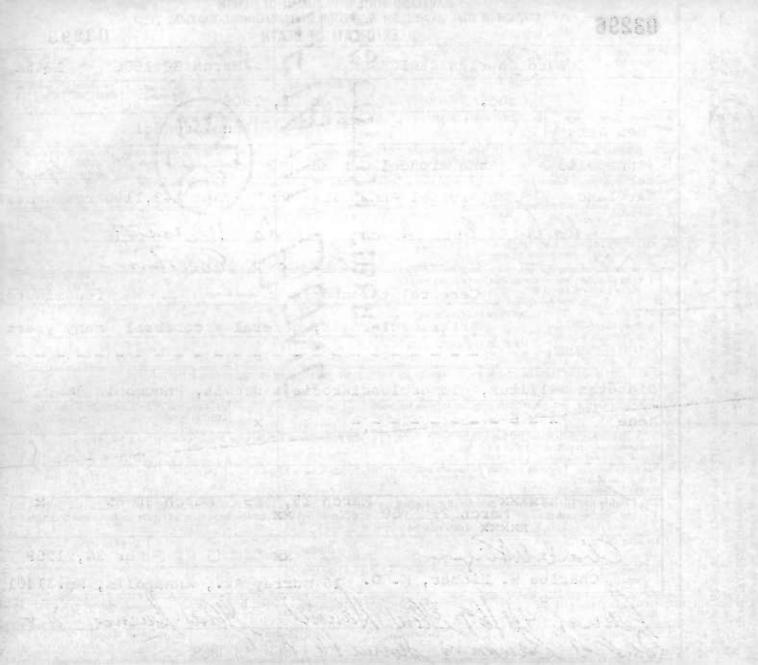
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ours after in by the aggress nouns after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give mearest town)	
7 2 2 2 2		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1517 John ST, Blen Burnie 1517 John ST.	e. IS RESIDENCE ON A FARM? YES NO
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and any any	F	MALE Colored WIDOWED DIVORCED Sext 12, 1898 70 yrs. Months	Days Hours Min.
icate be e physician n please r vaf, and in	dur	Ing most of working life, even if retired) INDUSTRY Dre enshoro, N.C. U.	UNTRY?
sath certifica attending ph smit. Then n, or removal	15	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
e death ( the atten t permit. ation, or	(Ye	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	interval RETWEEN
es that the deat hysician. signed by the at urial-transit perm urial, cremation,		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cornary Occlusion	INTERVAL BETWEEN ONSET AND DEATH
luires th g physic en signe e burial- o burial-		Conditions, If any, which gave rise to immediate by the conditions of the conditions	Hulwan
SICIAN: The law require hospital or attending phe certificate has been suched for use as the but of Health prior to but	NO	cause (a), stating the DUE TO Unclosed A Lemman (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
N: The latal or at tificate lator use for use	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING     2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO
PHYSICIAN: the hospital this certifi detached fo e Dept. of H		20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
DING PH ed by the After th Id be det e State D	MEDICAL	Hour a.m. p.m.  19   While   Not While   factory, street, office bldg., etc.)   21.   certify   that (i) (this hospital) attended the deceased from   8 - 4 - 1963, to   3 - 9 - 1963	<b></b> . that (1) (we) las
A ATTENDING s retained by ECTOR: After 3 should be with the Stat		saw the deceased alive Dn 19 4, and that death occurred at 1/4 M, from the causes and on the 22a SIGNATURE 22b. DA	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the prior to burial.		22c. PHYSICIAN'S NAME (Type) CONTROL OF THE STAFF PHYS. DIRECTOR PHYS. DIRECTOR OF P	59.69
TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep	23a	BURIAL, SREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
00	24	orige 13-10 07 1111 ANDURN Com. 1 1041/1/hore	SIGNATURE
VR A15 (4) 15M 4-64	٢	hovy Oc WICSON 1000 Browtley He. DATE	0 0

S. DATE OF BIRTH   S. DATE OF BIRTH   Feb 21, 1909   S. AGE (In years   Brunote 1712   Brunote 27 Res.   Brunote 27		03296	DIVISION OF VITAL RECORDS, 301	NE DEPARTMENT OF V. PRESTON STREET, BA IFICATE OF DEATH	LTIMORE, MARYLAND 21201	03293
Male   Cauc.   Feb 21, 1909   Gesperinder   PRES   MARKER   MARK	(	Type or print) Edwa	rd Charles ERROCKS	ON	March 90 196	19 Year 1245A <sub>M</sub>
Anne Arundel   Millower   Divorces   Divor		Male	Cauc.		1K3.	
Annapolis    Annapolis	cau	ntry)New Jersey	USA WIDO	WED DIVORCED	Anne Arundel	
Apt A-3, 1100Presidents   Apt A-3, 1100Pre		Annapolis	Avertice dod Ashundel	(If not in haspital 12a. US Gen Hosp during	mast working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
16a. WAS DECASED EVER IN U.S. ARMED FORCES?   Yes, no. orgunknown)   UIT yes grew war or drines of stancies   16b. SOCIAL SECURITY NO.   17. INFORMANT   17.	13a. adm	usual RESIDENCE (Where decease ission) SWI and				100PresidentS
The control of the	L	Cha	les Errichen	1S. MOTHER'S MAIDEN NAME	First Middle Weston	Lost
PART 1. DEATH WAS CAUSED BY:   Cerebral thrombosis   BETWIER ONIST MO DEATH   GOVERNOR OF				17. INFORMANT	2 English	~
Diabetes mellitus, glomerulosclerosis & uremia, Pneumonia RML  19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?   20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    None		Canditions, if any which gave trise to immediate couse (o), stating the underlying couse last.	OBY:  OTE CAUSE (a) Cerebral the CAUSE (b) Cerebral the CAUSE (c) Ce	erosis, gene		few minute
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Doy Year   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street or R.F.D. Na. (ity ar Town County State work of work   10   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street or R.F.D. Na. (ity ar Town County State work of work   10   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street or R.F.D. Na. (ity ar Town County State work of work   10   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street or R.F.D. Na. (ity ar Town County State work of work   10   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   21f. LOCATION Street or R.F.D. Na. (ity ar Town County State work of work   10   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   22a. I certify that (I) (AT HOME, FARM, STREET, FACTORY.)   22b. STAFF   22c. DATE SIGNED   22c. DATE SIGNE	TIFICATION	Diabetes me	llitus, glomerulo:	clerosis &	uremia, Pneumo	
While of work		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Manth Doy Year ner) P.M. 19			
causes stated abave, (1) **** Activated Activa		at work of work				
Charle Mar 30, 1969		saw the deceased a causes stated abave	ive an March 29 1969 1, (1) \$\$\text{x}\$\text{did}\$\text{did nat}  view the bady of the same of	, and that in (my) (XXX) a fter death.	pinian death accurred on the d	ate and hour and fram the
		Charle	altign		MED. STAFF MED. ME	
		REMOVAL (Specify)	4/1/69 Stew	Haun	23d Algorith (City or Tolin)	nce State)
REMOVAL (Specify) at 4/1/67 Skew Haven Slew Survice Mid	24.	FUMERIL DIRECTOR	Sauan ed, Slue	na Me 250. RECO	2 1969 VCL	S SIGNATURE



·	1				EPARIMENT OF H		
#		03297	DIVISION OF VITAL RECORDS		TE OF DEATH	MURE, MARYLAND 2120	03294
٠	J. 0	ECEASED-NAME First	Middle	421(11116)	Last	2a. DATE OF DEATH	
haurs after death.  hay the funeral  poges   and 2  hours after deoth.	(	Type or print)	0.		1	3 Month	Doy Yeor 2b. HOUR
r d	3. 5	DEEtcude	4. RACE	7	lynn		32 69 10 am
offe after	J. 3	^	4. RACE	,	. PATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
rs Sir		P	$\omega$			3 84 Y	RS.
d L	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9	COUNTY OF DEATH	SEALE WAY VIVIE
24 H 24 H		Md.	USA	WIDOWED L		Inne Arund	E / Md.
certificate be executed within 24 haurs after death physician and completely filled in by the funeral hen please remove corbon papers. Poges I and 2 noval, and in ony event, within 72 hours after deoth	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address)	ISTITUTION (If not	in haspital 12a. USUAL during mas	OCCUPATION (Kind of wark da st af warking life, even if retire	
icate be executed within sician and completely follows corbon I, and in ony event, with	130	HISTAL PESIDENCE /Where docore	ed lived, if institution: Residence before	Centers	OMBI Las mars condu		
omplete ve cort	adm	ission) STATE	13b. COUNTY	13c. CITY OR T	OWN 13d. INSIDE CITY EIM YES NO		
no ve		md.	Pact Dr.	Dalto.		- 129 S. Symi	10 tro St 2.1228
no on	14.	FATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME Fir	st Middle	Lost
d in a		Nicholas	Rober				
an an an		was DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	as as delen of our lock	200	ORMANT	Address:	212-28
The second		es, no, or unknown) (ii yes give w	216-10-98	38 m	Puthberc	h 1295, SVI	ningtorAVE
1 2 2 E		1B. CAUSE OF DEATH (Enter on	γ ane cause per line far (a), (b), and (c)	)			APPROXIMATE INTERVAL
- E . e	1	PART I. DEATH WAS CAUSED	BY:	10000	- da . ()		BETWEEN ONSET AND DEATH
dec rmi rmi		11277 7 IMMEDIA	TE CAUSE (d)	wagen	New of a	12011	Michon
e al		Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF	1 6	01/	1	
t tr the thisties who was the transfer of the		rise ta immediate cause (a),	(b) 115 Suit	cline	renneed	ma_	
the phy transfer cre		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
res /sici iol- iol,		lost.	(c)				
phy sign bur		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT A	OT RELATED TO 1	HE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
ng en to to	z						
lay andi be be rior	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PI	RFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
hos hos	E				YES NO	CAUSES OF DEATH?	
of the state of th	CER	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c HOW		nature of injury in Part I ar Part	2 Item 18)
fico for f He	3	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Doy Year		THORT SECONNED (EINE)	tatore of injury in Fair 1 of Fair	2, 116111 10.)
spi spi ed the control of the contro	MEDICAL	(If either, notify medical examinated 21d. INJURY OCCURRED 21e.					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerting the post of may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and adjunctor, page 3 should be detached for use as the buriol-transit permit. Then please remo should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any		While Nat while at work	OFFICE BUILDING, ETC.	217. 100	TION Street ar R.F.D. Na.	City or Town	County State
ING Day 1 ter toto	Н	22a. I certify that (I) (thi	s haspital) attended the deceas	ed fram	. 19	, ta	19, that (I) (we) last
ND Sed H		saw the deceased al	ive an	19, and t	hat in (my) (aur) apin	ian death accurred an the	date and haur and fram the
OR PH			, (I) (we) (did) (did nat) view the	bady after de	ath.		
E S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	- 11/0x		ATTENDING ME	CTAFE 2	22c. DATE SIGNED
DIR ed		1000	La. NEV	LA LA EGBEE	PHYS. DIR	D. STAFF PHYS.	3/24/61.
IAI AI Pag e fi		22d. PHYSICIAN'S	CK I. STERN		425 Ritc	hie Hwy. SE	Glen Burnie
SPI 4 m or, d b		NAME (Type) JA	CK I. STERN		425 KICC	hie Hwy. SE	, Glen Burnie
TO HOSPITAL Poge 4 may TO FUNERAL I director, pag should be fiil	23a.	BURIAL, CREMATION, 23b. I		CEMETERY OR CE	EMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
0 0 0 ip 4		BMOYAL (Specify) 3	126/69 Wes	TERN	Cen	BA176.	Mdi
Λ.	24.	FUNERAL DIRECTOR	ADDRESS				P.C SIGNATURE
VR A15 (4) 45M - 1/69		E. S. Mar M.	Mb 30/ Freder	uk ho	28 DATAR 2	7 1969 yella	res Judge

A REAL PROPERTY AND ADDRESS OF THE PROPERTY OF read to the season of strained a falled interesting to

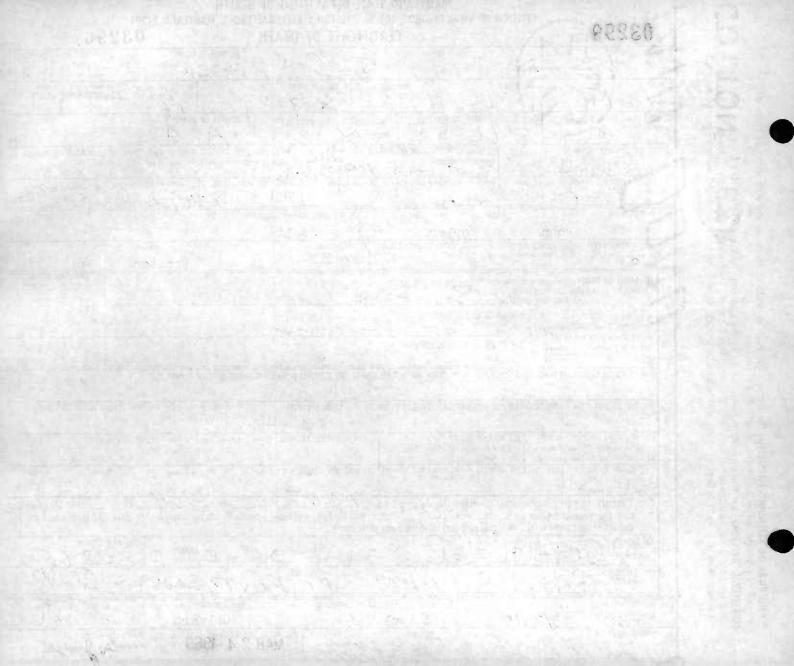
4	1	1	20020	DIVISION OF VITAL RECORDS,		ALTIMORE, MARYLAND 21201	
1	-		03298		ERTIFICATE OF DEAT	H	03295
	er death. funeral i 1 and 2 ter death.	Ĩ.	DECEASED-NAME First (Type ar print)  WILFOR	Middle W.	Lost FORD	20. DATE OF DEATH MARCH Month 13 Day	2b. HOUR 4:30 ND
	offer d	3	SEX MALE	4. RACE WHITE	S. DATE OF BIRTH 11-24-08	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
4	in by the ers. Pege	7.	o. BIRTHPLACE (State or foreign Country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? UNITED STATES	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH  ANNE ARUNDEL	Md.
	e executed within 24 haurs after death.  Sad completely filled in by the funeral remove carbon papers. Peges 1 and 2 in any event, within 72 hours after death.	54	CLEN BURNIE	11. NAME OF HOSPITAL OR INS give street address)	durin	USUAL OCCUPATION (Kind of work done of most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	ured within mpletely fi we carban event, with	10	a. USUAL RESIDENCE (Where decease Imissian) STATE MARYLAND	d lived, if institution: Residence before 13b. COUNTY ANNE, ARUNDEL	DET. HOSPITAL C 13c. CITY OR TOWN 13d. INSIDE PASADENA YES	CITY LIMITS? 13e. STREET AND NUMBER  NO BOX 233 RT	5 MAGOTHY BEACH
(	oe exected and control of in any		FATHER'S NAME First Eugene	Middle Lost	IS. MOTHER'S MAIDEN NAI		Lost
	physician nen please laval, and i	3.7	100,110,0101111111111111111111111111111	r ar dates of service)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address	
	ATTENDING PHYSICIAN: The law requires that the death certificate stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then pleas ith the State Dept. at Health priar ta burial, crematian, ar remaval, and		PART 1. DEATH WAS CAUSED	y one couse per line for (o), (b), ond (c).  BY: TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF		tuus?	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
	W: The law requires that the are attending physician. The has been signed by the ruse as the burial-transit salth priar to burial, cremat	2	PART 2. OTHER SIGNIFICANT CONU	(c)	RFORMED 200. AUTOPSY?		considered in Certifying
	PHYSICIAN: 1 ne haspital ar this certificate etached far us Dept. af Healt		or contributing   cause of death	HOUR A.M. Manth Day Year	. 20	(Enter nature of injury in Part 1 or Part 2,  D. No. City or Town	Item 18.)  County State
•	OR re be re 3 ed w	1	22a. I certify that (I) (this	s hospital) anjended the becomes iv on (b) (we) (did) (did hot) view the A. B. Rawing L. T. B. RAMR	ed from	opinion death occurred on the d  MED.  DIRECTOR   STAFF   22cc.	, that (1) (we) last ote and hour and from the DATE SIGNED 9
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	OL		17/69 Meadou		Pk. Elkridge, Man	
	VR A15 (4) 30M REV. 1/	10	4. FUNERAL DIRECTOR Singleton Fune	Wunce ADDRESS Eral Home/Glen Bu		IAR 1 7 1969 PELLUS	SIGNATURE

Sacist of Strong Landon Sons Markets at the District Markets of the Santa

. b.G., 197.4

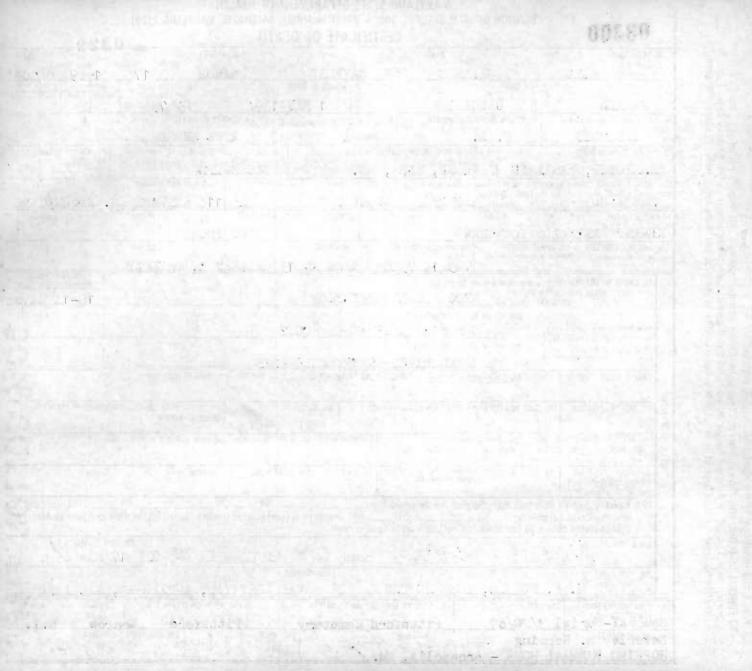
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1				ARTMENT OF HE			
	03299	DIVISION OF VITAL RECORDS			MORE, MARYLAND 21		
1			CERTIFICATE			03296	
ľ	. DECEASED-NAME Firs	Middle	Los	5 Oo )	20. DATE OF DEATH	Doy Yeor	2b. HOUR
3	. SEX	4. RACE	S DATI	E OF BIRTH	3-2667,	POTS IF UNDER 1 YEAR	IF UNDER 24 HRS.
	M	W	5. DAII	3-9-89	6. AGE (In ye		
	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEV	ER MARRIED 9.	COUNTY OF DEATH	713.	
L	Md	US.	WIDOWED	DIVORCED [	A.A	,	Md.
10	O. CITY OR TOWN OF DEATH  MIRE DEATH  OF THE PROPERTY OF THE P	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hos	elde during mass	OCCUPATION (Kind of wor) t af working life, even if re		OF BUSINESS OR
13	Ba. USUAL RESIDENCE (Where deceded dmissian) STATE	sed lived, if institution: Residence before	13c. CITY OR TOWN	YES NO	TOO. STREET AND HOM	BER Reve	rabe
1	4. FATHER'S NAME First	Middle Last	Is MOTH	ER'S MAIDEN NAME First	01778	iddle	Lost
	John		is. morni	Adelia		ddie	rosi
1	6a. WAS DECEASED EVER IN U.S. AR			ANT	Ade	dress	
	Yes, no or unknawn) (If yes give	was as against as service)	Femi	1.y	Croft		
	1B. CAUSE OF DEATH (Enter o	nly one couse per line far (a), (b), and (c	四一、			APPRO BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
L		ATE CAUSE (a)	ever				
	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE O	9	7.			
L	rise to immediate cause (a),	(b) C	Xoule	Tell.			
L	stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE O					
ı	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE OR COM	NDITION GIVEN IN PART 1(a)		
	100						
CATA	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 2Da	ı. AUTOPSY?		IDINGS CONSIDERED IN	CERTIFYING
DITO.	X		Y	YES NO	CAUSES OF DEATH?		
		TH HOUR A.M. Manth Dov Yea	21c. HOW INJU	RY OCCURRED (Enter n	ature of injury in Part 1 ar	Part 2, Item 1B.)	
Armi	(If either, natify medical exom	iner) P.M.	19	C			
	While Not while	PLACE OF INJURY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ZIT. LOCATION	Street ar R.F.D. No.	City or Tawn	Caunty	State
	ut walk at work	is haspital) ottended the decea	sed from. 19-	67 19	to 1969	tho	ot (I) (we) last
	saw the deceased of	live an 3-2069	19, ond that	in (my) (our) opini	on death occurred on	the date and hou	r ond from the
ı	22b. SIGNATURE	e, (I) (we) (did nat) view the	body after death.			T on part clours	
l	2000	# ( H. Ho Visa	DEGREE PH	TTENDING MED MED DIRE	CTOR STAFF PHYS.	22c. DATE SIGNED	10
ı	22d. PHYSICIAN'S	1-0 1101	-	e. ADDRESS	CIOK - PHIS	1026	07/
	NAME (Type) Kob	erTK. HAH	N. F	2.0.130)	(73 Seve	2000 (Do	2 July
23			CEMETERY OR CREMAT	ORY :	23d. LOCATION (City or Tow		(State)
-			sul Cem		Calvert		Md
2	4. FUNERAL DIRECTOR	1 237 Lateral	is ave,	2So. RECD BY S	REGISTRAP 969 25b. REGI	STRAR'S SIGNATURE	dan a
1	IC MULLI	12/1000	7/17/2/5	DATE	7 //		1



	03300	DIAISION OF	VITAL RECORDS,			DEATH	ioke, ma	KILAND ZIZ		3297	
1. DE (T	CEASED-NAME First ype or print) ELSA	WA	Middle LBERG	G/	Lost YLORD		20. DATE OF	Manth	Day		2b. HOUR
3. SE		4. RACE	CASION		S. DATE OF	BIRTH LAY 1894		6. AGE (In year last birthday)	rs VDc	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
7a. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED WIDOWED	NEVER MA		COUNTY OF	DEATH ARUNDEL			Mo
A	ITY OR TOWN OF DEATH NNAPOLIS MARY	LAND NAT	ME OF HOSPITAL OR IN treet address) HOSP AND	ISTITUTION (IF	nat in haspital	112g IISHAI	OCCUPATION	(Kind of work life, even if reti	done	12b. KIND OF INDUSTRY	
13a. admi	USUAL RESIDENCE (Where deceases sion) STATE MARYLAND	ed lived, if institut	an: Residence befare	13c. CITY O	R TOWN	13d. INSIDE CITY LIMI YES NO		REET AND NUMB		R. EDGE	WATER
	ATHER'S NAME First	Middle	Last		S. MOTHER'S /	MAIDEN NAME Fire		Mid	dle		Last
	LBERT REYNOLD WAS DECEASED EVER IN U.S. ARM	AED FORCES?	16b. SOCIAL SECURITY	NO. 117	INFORMANT	Ŋ	OT KNC	WIN	ess		
Y	es, na, ar unknawn) (If yes give v	var or dates of service)	723 1/ 73			13 AL	BERT E				
	1B. CAUSE OF DEATH (Enter on	ly ane cause per li				1) 80				APPROXI	MATÉ INTERVAL INSET AND DEATH
	1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA	D BY:	YOCARDIAI	INFAR	RCTION						4 days
NOIN	Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT COI	DUE TO, OR A	CORONARY A  S A CONSEQUENCE OF  SENERALIZE  TING TO DEATH BUT F	D ARTE	RTOSCI	EROSTS  IAL DISEASE ORCO		N IN PART 1(a)	DINGS C	ONSIDERED IN C	ERTIFYING
CERTIFICATION		10		Tax	YES X	NO 🗆	CAUSE	S OF DEATH?			- 1
MEDICAL (	21d. ACCIDENT WAS UNDERCLYING OR CONTRIBUTING CAUSE OF OEAR (If either, notify medical examing 21d. INJURY OCCURRED While Not while of work work and control of work work.)	HOUR A.M. P.M.	Manth Day Year	9 ACTORY \ 214	OCATION See	est or RED No.	City	ar Tawn	un 2,	County	State
	While Nat while at wark	PLACE OF INJURE	OFFICE BUILDING, ETC.	211. 1	OCATION SIT	eer or K.r.D. No.	City				
	220. I certify that (I) (the saw the deceased a couses stated phove	is hospitol) otto live on	ended the deceo	sed from 19, ar body ofter	nd that in (r death.	my) (aur) apin	, to ian death	occurred on t	_, 19. he do	, that ite and hour	(I) (we) la ond from th
	22b. SIGNATURE	alt	form	DEG	REE PHYS.	DING ME		STAFF PHYS.	22c.	DATE SIGNED 7 MAR 6	
			LCDR MC U			VAL HOS					
Re	BURIAL, (REMATION, 23b. REMOVAL (Specify) PMOV 21—Dur ial FUNERAL DIRECTOR	3/20/69	2 ADDRES	ford C	emeter	v	Pitts	OCL DECIS	Mor	(County)	(State)
HO	WEALEYOE. Hope Opping funeral	HOME - A	nnapolis.	Md	my	2Sa. REC'D BY	2 4 19	69 ZSB. KEGIS	www	les ford	ge.

MARYLAND STATE DEPARTMENT OF HEALTH

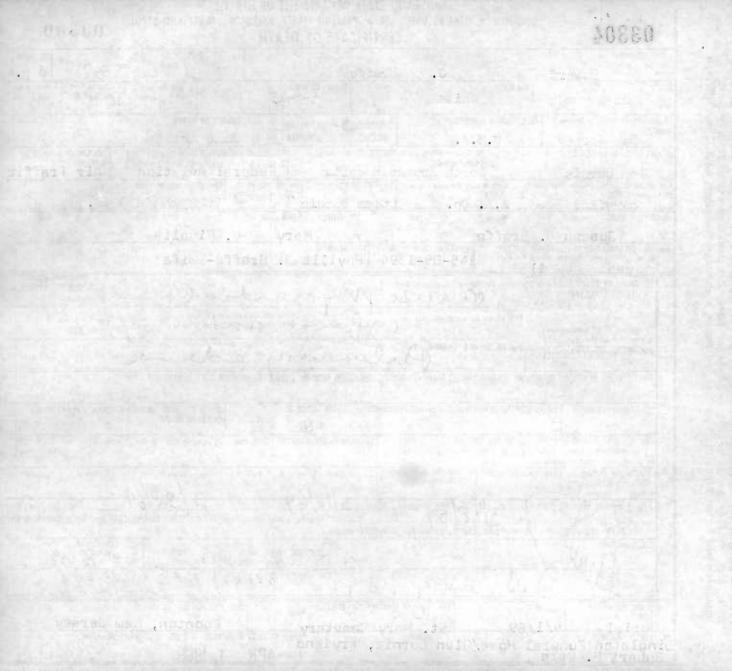


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03298 CERTIFICATE OF DEATH 11/69 DECEASED-NAME 2a. DATE OF DEATH Middle Last 2b. HOUR death (Type or print) Month John George Graef after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS Male 1178/1892 White haurs within 72 hours 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) papers. campletely filled in DIVORCED X X U. S. A. WIDOWED | A.A. Md. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be axecused within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Pasadena Arundel Hosp. ncinerator Worker City burial, cremation, ar remaval, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES NO V Box 317 Rockview Bch remove Md Pasadena 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost Lost pup please Conrad Graef Sr Maggie physician o 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Pasadena, 27 TARGRESS 17. INFORMANT Md. (If yes give war ar dates of service) Yes, no, ar unknown) 217-01-5150 John G. Graef Jr. Rt 7 Box 279 attending phys 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the signed by the burial-transit Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar ta b TO FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached for the Dept. af I (If either, notify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION Street or R.F.D. No. directar, page 3 shauld be detache shauld be filed with the State Dept. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased frame be retained by \_19 64, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an\_\_\_\_ causes stated abave, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURIAL CREMATION REMOVAL (Specify) 3/10/69 Cedar Hill 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATUR 30M REV. 1 DATE Patapsco Ave. Balto. Md.

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0330	15	DIVISION OF VITAL RECORDS		ON STREET, BALTIMO	ORE, MARYLAND 212	0329	99
DECEASED-NAME     (Type ar print)	Mildred	Marie GRAVES	3	Lost	2a. DATE OF DEATH March Month 24		1 0: 32A
3. SEX Fema		Negro.	S. D/ <b>Ja</b>	ATE OF BIRTH nuary 27 193	6. AGE (In year less birthday)	YRS. IF UNOER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
70. BIRTHPLACE (SE	land	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NI	ever married 9. C	ne Arundel		Md
10. CITY OR TOWN	oolis		1 General	Hosp Housew	CCUPATION (Kind of work	done 12b. KIND OF INDUSTRY	BUSINESS OR
130. USUAL RESIDE	NCE (Where deceased and	lived, if institution: Residence before	Anaapol			reet	
14. FATHER'S NAME	Diam	Middle Butle	W	GECLE FOR	A Mide	dle www)	Last
16a. WAS DECEASE Yes, ha, or onkn	D EVER IN U.S. ARMÉL (If yes give wor	D FORCES? 16b. SOCIAL SECURITY dates of service)	NO. 17. INFOR	arled Gra	ves-andr	ess made	7
Conditions, if trise to imme stating the ulast.  PART 2. OTHI	DEATH WAS CAUSED E IMMEDIATE any, which gave diate cause (o), underlying cause  ER SIGNIFICANT CONDI		ed Lupus	Erythematos i		BETWEEN (	IMATE INTERVAL DASET AND GEATH E A P'S
190. DATE OF C None		NDITION FOR WHICH OPERATION WAS P	ERFORMED 2	Oa. AUTOPSY?  YES NO M	20b. IF YES, WERE FINDI CAUSES OF DEATH?	INGS CONSIDERED IN C	ERTIFYING
₹ □ OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF OEATH ify medical exominer	HOUR A.M. Manth Day Yeo	21c. HOW IN	JURY OCCURRED (Enter not	ture of injury in Port 1 or Po	ort 2, Item IB.)	
21d. INJURY While No	OCCUPPED 210 PL	ACE OF INJURY ( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATIO	N Street or R.F.D. No.	City ar Tawn	Caunty	Stote
22a. I cert saw t cause	ify that (I) (this) he deceased aliv s stated abave, (	hospitel) attended the decear e an March 23, (I) (we)(did) (did nat) view the	sed fram Aug 1969 , and tha bady after death	3, , , , 19.65 t in (my) (coas); apiniai i.	, ta <u>March 29</u> n death accurred an th	, 19 <u>69</u> , that he date and haur	(I) (we) last and fram the
22b. SIGNATUI	Charl	Migun	DEGREE		TOR STAFF PHYS.	22c. DATE SIGNED  March 2	4, 1969
	Ype) Charles	W. Kinzer, M. D	•		e., Annapoli	s, Md. 21	401
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24 PUNIERAL DIREC	TOR	Dese T- address	no mo	25a. REC'D BY RE	GISTRAR 256. REGIST	RAR'S SIGNATURE	pe

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oval, ond in ony event, within 72 hours after	3. SEX Male	4. RACE Negro	s. DATE OF BIRTH  May, 1894	6. AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
201	7o. BIRTHPLACE (Stote or foreign country)  Maryland	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arundel C	
13	10. CITY OR TOWN OF DEATH  Annapolis	give street oddress) Anne	Arundel General during	SUAL OCCUPATION (Kind of work done most of working life, even if retired.) <b>he i</b>	12b. KIND OF BUSINESS OR INDUSTRY
16	odmission) STATE Maryla		e Mariboro YES	NO 🗌	
	14. FATHER'S NAME First Villia		I I I I I I I I I I I I I I I I I I	First Middle Mary	Booze
	160. WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes			Brown 413 Colum	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMM  4 / 2 / Conditions, if ony, which go	DUE TO, OR AS A CONSEQUENCE	e anoxia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	stoting the underlying coulost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE	UTURSUN AS IT NOT RELATED TO THE TERMINAL DISEASE C	OR CONDITION GIVEN IN PART 1(0)	CONSIDERED IN CERTIFYING
	210. ACCIDENT WAS UNDER	LYING 21b. TIME OF INJURY	YES NO	CALISES OF DEATHS	
e Dept. of	at work of work 1  22a. I certify that (I) saw the decease causes stated ab	ominer) P.M.  21e. PLACE OF INJURY (AT HOME, FARM, STREI OFFICE BUILDING, ETC.  (this haspital) attended the dec.	eased from 3 (our)		County Stote  9, that (I) (we) las late and hour and from the
1		iam H. Choate, M. 3b. DATE   23c. NAME	D. ATTENDING PHYS.  22e. ADDRESS  2083 Wes	MED. STAFF DIRECTOR D STAFF PHYS. D	is, Maryland.  (County) (Stote)
8	REMOVAL (Specify)  24. FUNERAL DIRECTOR	$3-29-69 \qquad   Hall  $	Ls Creek Ch.Cem	Dunkirk D BY REGISTRAR   25b. REGISTRAR	Cal. Md.

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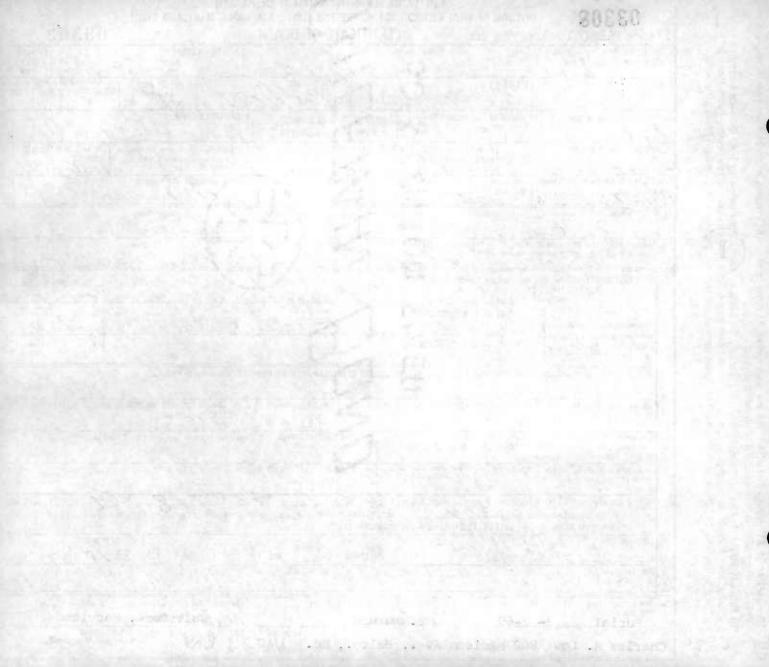
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fter fter	3. 3	SEX n	A. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS MONTHS I DAYS HOURS MIN
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within 24 ban pape	10.	city or town of DEATH  Flen Burn	11. NAME OF HOSPITAL OR I		USUAL OCCUPATION (Kind of work done of most of working life, even if retired.)	
	13o adn	. USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence before	13c CITY OR TOWN 13d, INSIDE	CITY LIMITS? 13p. STREET AND NUMBER	no Avr
be execand and controls in any	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAI	ME First Middle Middle	Lost
ATTENDING PHYSICIAN: The law requires that the death certificate be executed etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove call the State Dept. of Health prior to burial, cremation, or removal, and in any event	160	O. WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give	war or dates of service)		HAGG (SOA	)
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creases.	ME		PLACE OF INJURY ( AT HOME, FARM, STREET, FOFFICE BUILDING, ETC.		. No. City or Town	County Stote
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TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be of shauld be filed with the State	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) /(Stote)
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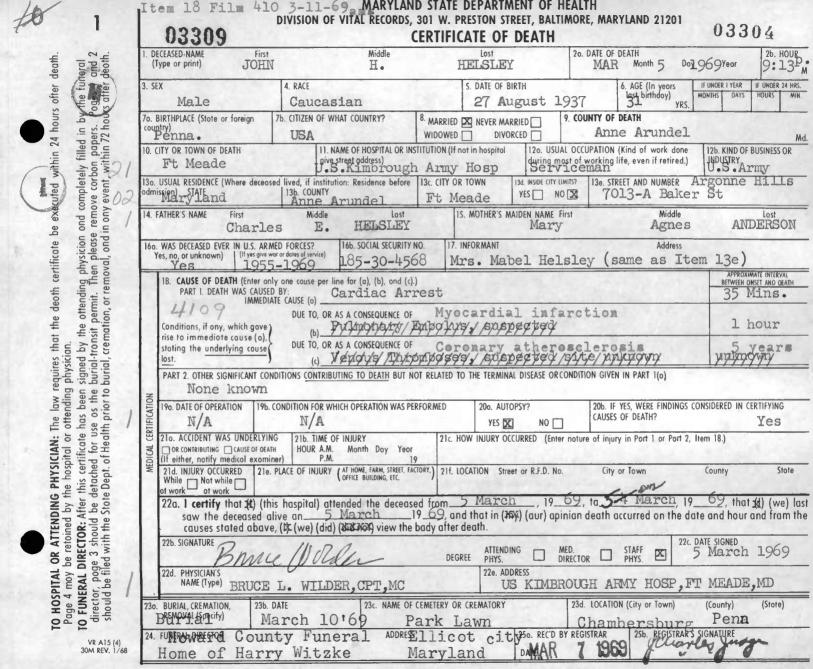
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03307 04847 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR . death. after death "B" MIMT HALL Month 27 (Type or print) NOT NAMED MARCH 7:00 . 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER 24 HRS lost birthdoy) March 27, 1969 Male White 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland Anne Arundel USA DIVORCED and in any event within 72 WIDOWED | physician and completely filled en please remave carban pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within give street address)
U.S. KIMBROUGH ARMY HOSP Fort Geo G. Meade during most of working life, even if retired.) INDUSTRY/A 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE Mary Land VPrinceGeorges 4701 Sommerset Road YES 🔀 NO T Riverdale 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost Lost Hall Laura Saunier Ronald Lee Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Ronald L. Hall, 4701 Sommerset Rd, Riverdale, Md ar remaval, None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. IMMEDIATE CAUSE (0) \_\_\_\_ Prematurity 3 hr. 36 min burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse! lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept. af Health priar ta 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? N/A NO X YES 🗔 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I **certify** that (XX (this haspital) attended the deceased fram 27 Mar , 19 69 , ta 27 Mar , 19 69 , that (XX) (we) last saw the deceased alive an 27 Mar 19 69 , and that in (XXV) (aur) apinian death occurred on the date and haur and fram the causes stated abave, (XX) (we) (did) (xid xxx) view the body after death. 22c. DATE SIGNED ATTENDING STAFF 27 Mar 1969 DEGREE DIRECTOR U.S.KIMBROUGH ARMY HOSP, FT MEADE, MD 22d. PHYSICIAN'S SPOLTER, CPT, MC NAME (Type) HERBERT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify)
Cremation Anneundel FT GEO G MEADE, MD USKIMBROUGH ARMY HOSP Apr 1969 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 247 FUNERAL DIRECTOR 30M REV. 1.88 ARR TO 1969 Milanter Yes

DECERSIONAME (Type or print)    DECERSIONAME (Type or print)   First		03308 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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18. CAUSE OF DEATH (Enter only one couse per lips for Jo), (b), and (d)	20 14 20 16	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
Yes, no, or unknown)   All this proyect address of survival   All this proyect and the part   Death (child and part)   All this part   Death (child and part)   All this part   Death (child and part)   Due 10, or As A consequence of (child and p	2 14	
18. CAUSE OF DEATH (Enter only one course per lips—for Jo), (b), and (c).  PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)     DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave isse to immediate cause (a).   Stating the underlying couse (b)     Stating the underlying couse (b)     PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED     190. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED     210. ACCIDENT WAS UNDERLYING     170. ACCIDENT W	16	Yes, no, or unknown) Aff yes give wor or dates of service)
DUE TO, OR AS A CONSEQUENCE OF rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 21a. ACCIDENT WAS UNDERLYING CAUSE OF OEATH HOW A.M. Month Day Yeor P.M. Month Doy Yeor Town County State William Not Yeor Town County State William Not Yeor Town County State William Not Yeor Town Yeor Town County State William Not Yeor Town		18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
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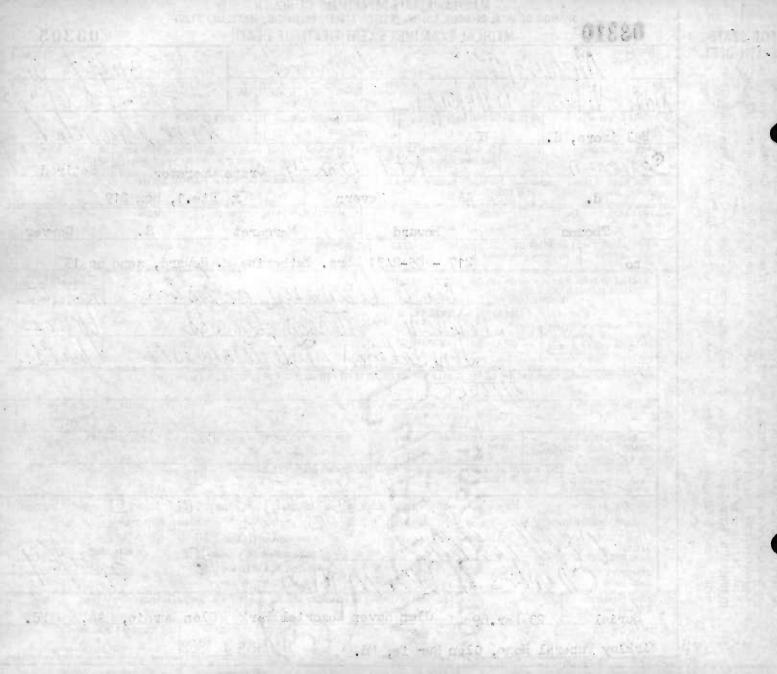
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	MARYLAND STATE DEPARTMENT OF HEALTH			
EOD CTATE	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03305	
HEALTH DEPT.	1 D			
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ofter death  8. Give Pages 1, alang with form with the State De	10.	give street oddress) P4 / 13 during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Retired	
s ofter 18. Giv alang	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY AA Severn YES No Real Box 21		
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s certificate should be executed within 24 hours e, writing the word "pending" in pencil in Item I forwarded to the Chief Medical Exominer's Office used as o buriol-transit permit. File pages 1 and 2 emovol, and in any event within 72 hours after a	3	stoting the underlying couse last.  DUE TO, OR AS CONSEQUENCE OF C	Chars	
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INER: e certifi should files: 3 shoulc	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State	
XAM te th yeur your age crem		WHILE AT WORK AT WORK foctory, office building, etc.)	3,010	
tor. Poged for control, buriol,		22a. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry	, ond in my apinia	
		death resulted frame. Natural causes		
TY SICA  y, please e gral director be retained  (AL DIRECT  prior to bu		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MEDICAL EXAMINER CHIEF CHIEF CHIEF CHIEF CHIEF CH	1/1/2	
		SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER 220. DATE	SIGNED 1 1/2 4	
necessary, p the funeral 5 moy be re to FUNERAL Health prio		EXAMINER'S NAME (Type) CHAPLES H. Mirth W ADDRESS(Street, city, town, or county)	17/1	
10 the He	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)	
		REMOVAL (Specify) Burial 23 Mar.69 Glen Haven Memorial Park Glen Burnie,	AA, Md.	
1 Province	24.	FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S		
VR A15ME [5]		Kirkley Funeral Home, Glen Burrie, Md. DAMMAR 2.4 1969 JULIAN	Van Judas	



MARYLAND STATE DEPARTMENT OF HEALTH 03311 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03306 Item#23c&d, per tele. call with F. CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b. HOUR be executed within 24 hours after deoth rskion ond completely filled in by the Tuneral please remove carbon papers. Pages 1-and 1, ond in any event, within 72 hours after death (Type or print) nson 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IE UNDER 24 HRS. lost birthday) HOURS 1-10-96 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED | HIYNE ARLINDE CAROLINA the ottending physicion ond completely filled sit permit. Then please remove carbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life. even if retired.) INDUSTRY CLUN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 🗔 NOF GLYLCESTER 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle UNTIVELLE cuise requires that the death certificate 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIÁL SECURITY NO Address Yes, no. or.unknown) (If yes give war or dates of service) cremation, ar removal, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) signed by the buriol-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the prior to t has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? use as CAUSES OF DEATH? far use Heolth p YES 🗔 NO T O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work of work 22a. I certify that (1) (this haspital) attended the deceased from\_ saw the deceased glive an march 12-19 69, and that in (my) (our) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) (Stote)Md\_ 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) em B.F. HVINGSOIL REMOVAL (Specify) 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE Wilsonla. On

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03307 Itemlı FilmGlill 4/2/69 kk CERTIFICATE OF DEATH 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn)
rel Fort Smellwood Baltimore Rural papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? 7108 Fort Smallwood 7108 Fort Smallwood Road 27 226 DEO NO TY requires that the death certificate be executed within 3. NAME OF First Middle 4. DATE Month Year Doy Cal DECEASED Theodore Edward Hohman (Type or print) March 1969 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED X B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lost birthdoy) Months Hours White In onl WIDOWED DIVORCED Feb. 28, 1906 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Pipefitter Continental Oil Co. ottending physicion of the please and Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, John H. Hohman Annie Schline IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 27 226 (Yes, no, or unknown) (If yes give wor or dates af service) Mrs. Florence M. Hohman 7108 Fort Smallwood cremotion, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH signed by the buriol-tronsit buriol, cremoti PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) physicion. DUE TO Canditians, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying cause ottending OS 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO by the hospital or certificote OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, O FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Manth, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, affice bldg., etc.) Not While of work ot work ne deceased fram 4, 1967, to 2004, 1967 that (1) (we) last 1967, and that death accurred at 30M, fram causes and an the date stated abave. 21. I certify that (1) (this haspital) attended the deceased fram. be retained saw the deceased alive on Down 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify)
Burial 3/28/69 Meadowridge Memorial Pk Howard Co. Maryland ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 1969 atansco Ave.

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1	1 00		DIVISION	OF VITAL RECORDS, 3	STATE DEPARTM BOI W. PRESTON ST			1 0330	0
	03	313			ERTIFICATE OF			0000	0
	1. DECEASED	/Amina	First	Middle	Last		DATE OF DEATH	Day Year	2b. HOUR
	(Type ar	Print)	largaret	Marion	Hopkins		March Manth 22	Day 1969	11:55
3	B. SEX		4. RACE		S. DATE OF B		6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.
		Cemale  ACE (Stote or foreign	n 75 CITIZEN O	White F WHAT COUNTRY?		October 1	UNTY OF DEATH	rrs.	
	country)	altimore,	MA MA	USA	8. MARRIED NEVER MAI WIDOWED DIVO	RCED   7. CO	Anne Arunde	1	Md.
	10. CITY OR	TOWN OF DEATH		1. NAME OF HOSPITAL OR INST		12a. USUAL OCC	UPATION (Kind of work do	ne 12b, KIND OF E	
)	Fern	ale. Gle	n Burnie	give street address) 203 Hollins stitutian: Residence befare	Ferry Road	during mast of	warking life, even if retire Housewife	ed.) INDUSTRY Own	Home
)	13a. USUAL admission)	RESIDENCE (Where of	deceased lived, if in: 13b. COUN	I Y		13d. INSIDE CITY LIMITS? YES NO.	13e. STREET AND NUMBER 203 Holli:	ng Former I	o a
3	14. FATHER'S	Md.	Mide	AA	Glen Burnie	AIDEN NAME First	Middle		Last
	14. FAIREK	Ear							
	16a. WAS D	ECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL SECURITY N	D. 17. INFORMANT	Mary	M Addres	is GO	oksey
	Yes, na, o	r unknawn) (If ye	es give wor or dates of service	9)	Mrs. M	ildred Str	urm , same as		
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	rise to	immediate cause the underlying c	(a), (b).	OR AS A CONSEQUENCE OF	nuno seco	risis an	~	1,14	VD
	last.	ine oliderlying t	(c)	Hypeste	won			11 4	1
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	21a. A	CCIDENT WAS UND	ERLYING 21b. TIM	AE OF INJURY			re of injury in Part 1 or Par	rt 2, Item 18.)	
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		NJURY OCCURRED	21e. PLACE OF INJU	JRY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY,) 21f. LOCATION Stre	et ar R.F.D. Na.	City ar Tawn	County	State
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		HYSICIAN'S	veryne 1	s wheels.	22e. AD		OK — rn13. —]	~ J . A. J . O	
	1	IAME (Type) E	R. Ship	Ley, M. D.	52		Meade Rd.	Linthicum	, Md.
	23a. BURIA	L, CREMATION,	23b. DATE		EMETERY OR CREMATORY		I. LOCATION (City or Town)	(County)	(State)
	-	(Al-(Specify)	26 Mar.	59 Friend	ship Cemeter		Linthicum.	AA RAR'S SIGNATURE	Md_
			eral Home	Glen Burnie	Md -	250 REC'D BY REC	1969 /	circo Jud	pe :

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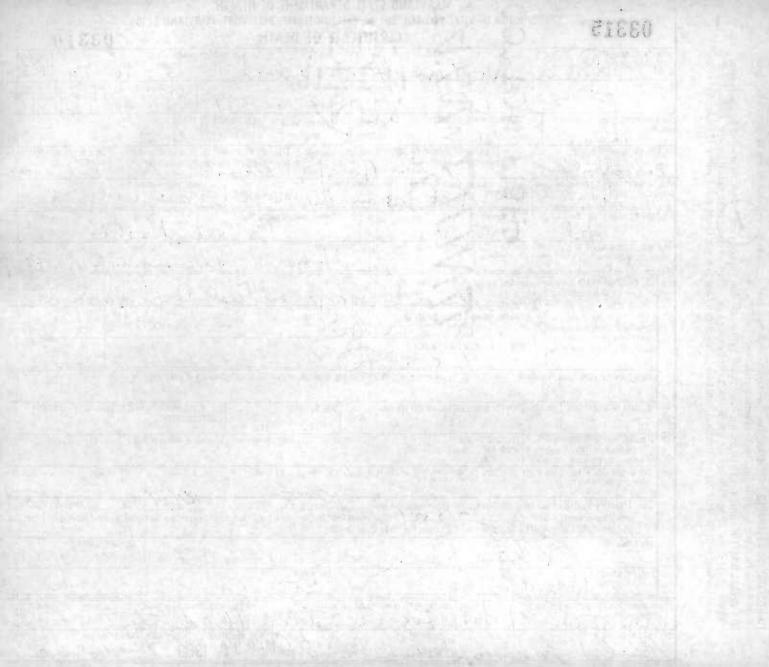
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	1. DECEASED-NAME (Type or print)	First	Middle	IIO.	Last	2a. DATE OF DEATH	onth Dov	0330	2b. HOURP
	3. SEX	ames	Maden	НО	DATE OF BIRTH	March	17	1969	11:58 M
1	Male	4. KALL	White		April 9, 18		E (In yeors birthday) YRS.	MONTHS DAYS	#F UNOER 24 HRS. HOURS MIN
	7a. BIRTHPLACE (State or foreig country)	n 7b. CITIZE	OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF DEATH			
ŀ	Maryland  O. CITY OR TOWN OF DEATH		U.S.	WIDOWED		Anne Aru		TIOL KIND OF	Md.
3	Annapolis		Anne Arunde	1 Gen. Ho	during	mast of working life, ev	en if retired )	12b. KIND OF INDUSTRY	BUSINESSUR
2	30. USUAL RESIDENCE (Where of commission) STATE Maryland	deceosed lived, if	institution: Residence before E: Arundel	Annapo	OWN 13d. INSIDE CIT	LIMITS? 13e. STREET AN			
	4. FATHER'S NAME First		A. HOR.	√ IS. N	SARAH	First HICKE	Middle		Lost
	Yes, no, ar unknown) (If yo	S. ARMED FORCES es give war ar dates of se			DRMANT Jent	- 60 N No	Address	Soive	#12
Ī	18. CAUSE OF DEATH (En	ter anly one caus	e per line far (a), (b), and (a	1)	ח			APPROXIA BETWEEN OF	MATE INTERVAL NSET AND DEATH
		MMEDIATE CAUSE (		town	- I'merrya	ucán		62	vk1
	Conditions, if any, which	gove)	(b) Chromine		£. P.			2	2.2.4
1	rise to immediate cause stating the underlying o	ouse? DUE T	O, OR AS A CONSEQUENCE O	F	- freeze			1	- Fred
1	last.		(1) ASCVI					100	ges flees
	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE O	R CONDITION GIVEN IN PA	RT 1(a)		
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	19b. CONDITION	FOR WHICH OPERATION WAS P	ERFORMED	2Da. AUTOPSY?	20b. IF YES, W	ERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
I	RIIFIC	55%			YESXIX NO	CAUSES OF DEA	ATH?		
	3 210. ACCIDENT WAS UNDE	OF DEATH HOU	TIME OF INJURY R A.M. Month Day Yea	r 21c. HOW	INJURY OCCURRED (En	ter nature of injury in Pa	rt 1 or Part 2, I	tem 18.)	215
1	OR CONTRIBUTING CAUSE (If either, notify medical e	21e. PLACE OF II	P.M. NITIRY / AT HOME, FARM, STREET, F	19	TION Street at R.F.D. N	la. City or Tow	n	Caunty	State
	While Nat while at work at wark		OFFICE BUILDING, ETC.	1 2 550	and an invest	City of 10W		2401119	Jidio
	22a. I certify that (I	) (this hospita	d) ottended the decea	sed from Wie	19.	13, to 3 -	7 , 195		
	saw the decease causes stated a	ed olive on bove, (I) ( <del>we</del> )	(did) (did not) view the	.19 <i>09</i> , and to body after dec	nat in (my) <del>(our)</del> a oth.	p <del>i</del> nian death occurre	ed on the dat	re and haur o	and fram the
	22b. SIGNATURE	-	, Elan			MED. STAFF	22c. C	DATE SIGNED	0-
	22d, PHYSICIAN'S	aus Col	Symil N	LO DEGREE	ATTENDING PHYS.	MED. STAFF PHYS	ال ا	-18-	69
	NAME (Type) Ber	trand C.	R. Gau, M.D	•	Rt-4, Anna	apolis, Md.			-
F	3a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE 3-2-/-	23c. NAME OF	CEMETERY OR CR	EMATORY	23d. LOCATION (City	or Jawn)	(County)	(Stote)
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ŀ	24. FUNERAL DIRECTOR	3 71	ADDRES	5	25g REC'D	BY REGISTRAR 25	D. REGISTRAR'S	SIGNATURE	

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	11		MARYLAND STATE DEPARTMENT OF HEALTH	
1		09915	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		03315	CERTIFICATE OF DEATH	03310
÷ -2+		ECEASED-NAME First	Middle / Lost , 20. DATE OF DEATH	2b. HOUR
er death.	1	Type or pripr	2 Corolinal Hermeslory Manth Doy	Yeor 3 A M
The er	3. 5	EX	4. RACE 5. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
be executed within 24 hours after death and completely filled in by the funeral experts. Pages if and in any event, within 72 hours after death			2-16-1889 last brinday) YRS.	MONTHS DAYS HOURS MIN
d de	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
in 24 ho filled in papers. hin 72 h	100	Okio	WIDOWED DIVORCED D	Md.
hin 24 filled pape thin 77	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12b. KIND OF BUSINESS OR INDUSTRY
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recuted with completely sove carbon sy event, wi	13o	USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER	0.00
Se ve de		MD	17 1 Johns Ray 10 10 23 Junioses	WY.
and completely f	14.	FATHER'S NAME A First	Middle Lost IS. MOTHER'S MAIDEN NAME First	Lost
	14	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	de
OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemple to be the retained by the hospital ar attending physician.  JIRECTOR: After this certificate has been signed by the attending physician and complete 3 shauld be detached for use as the burial-transit permit. Then please can be with the State Dept. af Health priar to burial, crematian, or remavol, and in any	100	Yes, na, or doknawn) (If yes give	MED FDRCES? war or dates of service)  16b. SUCIAL SECURITY NO.  17. INFORMANT  Address	= 10. 00 W
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req g pl e bu		TAKT 2. OTHER SIGNIFICANT CO	NUMBER OF SEATH BOTH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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AN: The law real and are attending icate has been for use as the Health prior to	CERTIFICATION		YES NO CAUSES OF DEATH?	SHIJDERED IN CERTIFING
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ospicert cert hed bt. a	MED	21d. INJURY OCCURRED 21e	iner)   P.M.   19   PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
PHYSICIAN: The law rate he hospital ar attending this certificate has been statched far use as the eDept. af Health priar to		While Not while of work	OFFICE BUILDING, ETC.	5,010
IDING A by th After i			nis hospital) attended the deceased from 1958, 19, to 1967, 19	, that (I) (we) lost
NDI NDI NDI NDI NDI NDI NDI NDI NDI NDI		saw the deceased o	alive on 3-18 6919, and that in (my) (our) opinion death occurred on the da	te and hour ond from the
aine dans di the			e, (I) (we) (did not) view the body after death.	
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by le 3 shauld be detached far use as the burial-traned with the State Dept. af Health priar to burial, cre		22b. SIGNATURE	ATTENDING MED. STAFF	DATE SIGNED
		22d. PHYSICIAN'S	DEGREE PHYS. LD DIRECTOR LD PHYS. LD	3-00 01
O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hospital O FUNERAL DIRECTOR: After this certification, page 3 shauld be detached is shauld be filed with the State Dept. af			ent HAHN. SEVERNA PARK	, ud
HOS TO THE A	230	BURIAL, CREMATION, 23b.	DATE ; 23c. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
Page din she	10	REMOVAL (Specify)	3/18/69 Fee Crematory (Pasherter	- A-C
	24.	FUNERAL DIRECTOR	ADDRESS 250 RIC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15 (4) 45M - 1/69	1	Toleret & - B	anunco, Sevena M. ma DATEMAR 20 1969 Jelia	wes Judge.

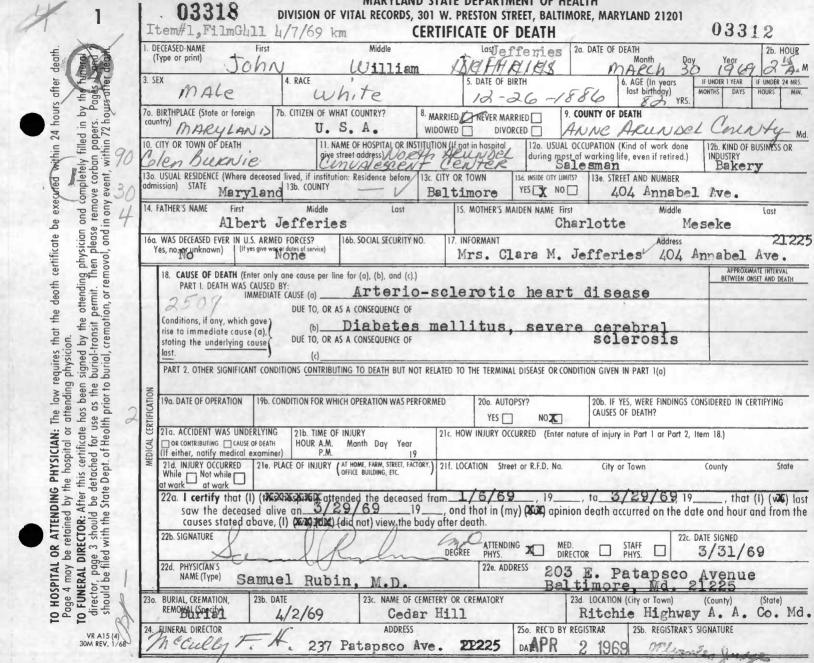


1 2	MARYLAND STATE DEPARTMENT OF HEALTH	
FOD CYATE	03316 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	311
FUK STATE	MEDICAL EXAMINER S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) First Middle (Type or Print) OF ESTI-	Yeor   2b. HOUR
iy delay is and 3 ta PM3. Page artment af	(Type or Print)  OF ESTI- DEATH MATED 3 - 4  Seex. 0 14/RACT 0 5 DATE OF RIPTH 16 AGE (In words 1 F UNDER 1 YEAR 1 IF UNDER 24 HRS. 20 DATE PRODUCINGED DEAD	1969 N
delay and 3 M3. Pa	S. DATE OF BIRTH	2d. HOUR
P. O. T. D.	11/100 (194, 218-1877 / OYRS) 3 14	19-07 M
	70. BIRTHPLACE Stole or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
State De Mann	10, ett) OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120. USUAL OCCUPATION (Kind of work done   12b. Ki	Mo
hours after death.  Item 18. Give Fage Office alang with the State after death.	give preed address) A ON ON A during post of yorking the reversity terired.) INDUST	IND OF BUSINESS OR TRY
th th	130. USUAL RESIDENCE Whore deceased lived, if institution Residence before 13c. CVY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
C ( Se K a so a	odmission) STATE 11 (2 13b. COUNTY (2 C. MUNCATO) YES NO NO	
24 hours in Item 18 r's Office as 1 and 2 vrs after d	14. FATHED SINAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 JAPODMANT	in,
	(Yes, go, gr wknown) (If yes give war or dates of service)	appliton
d will in pe Exar Exar in 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
executed nding" in Medical E. permit. F	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arleres solvendre CVD	ETWEEN ONSET AND DEATH
Med Med per	4/24 DUE TO, OR AS A CONSEQUENCE OF	1
be exe "pendi nief Me ansit pe	Conditions, if ony, which gove )	begen .
vard vard ne Ch al-tra any	rise to immediate couse (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e te ward "per a the Chief ! burial-transit	lost. (c)	
d + d	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ifica iting arde al, c	NO.	
is certifite, writifications for used remaval	196. CONDITION FOR WHICH OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  216. EXTERNAL CAUSE WAS  216. TIME OF INJURY Month, Doy, Year  217. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	20. AUTOPSY?
This icate, be for a reconstruction	TAN TENTONIES.	YES NO
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INER: e certifi shauld files. 3 shauld	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (At home, street, 21f. LOCATION Street or R.F.D. No. City or Town Country (	
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 2 AT WORK 2 121e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town County of C	nty Stote
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please ey l directar. retained	CHIEF MEDICAL EXAMINER	
y, ple prior prior	ACTUAL (C) 226 DATE SIGNED	
dry, nerd be ERA	SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S  DEPUTY MEDICAL EXAMINER  3-14-	64
o DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your D FUNERAL DIRECTOR: Page Health prior ta burial, cren	NAME (Type) = Louhard . ADDRESS(Street, city, town, oncounty)	
necesson the fun 5 may 70 FUNE Health	230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMELERY OR CREMATORY 23d- VOCATION (City or Toxical County REMOVAL (Specify), 23d- VOCATION (City or Toxical County REMOVAL (Specify), 23d- VOCATION (City or Toxical County REMOVAL)	y) )(5)9/e)/
0	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATU	IRE
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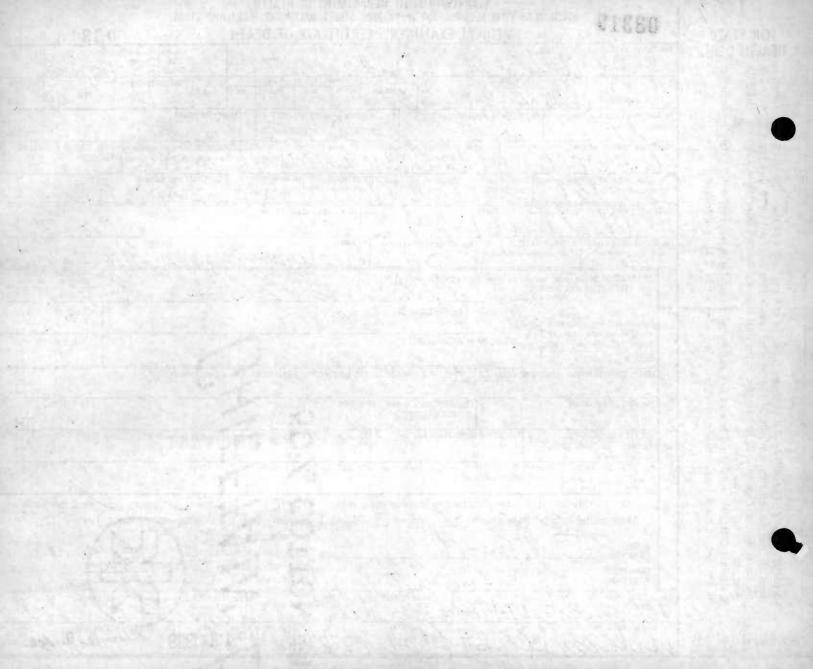
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de and	(1)	EASED-NAME First Arj			verson#10808	2o. DATE OF DEATH Month Doy	2 Year 4 10 2b. Hour
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- vi-e	o. B	RTHPLACE (Stote or foreign  TY) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED 9. 0	COUNTY OF DEATH Anne Arundel	N
orbon poper or within 72		TY OR TOWN OF DEATH  Crownsville		State	ot in hospitol 120. USUAL Co	OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
8 350 °	3o. I	JSUAL RESIDENCE (Where deceosion) Maryland	sed lived, if institution: Residence before	13c. CITY OR Balt		The state of the s	am St.
Aug ut pub	14. F/	THER'S NAME First	Middle Lost	15	MOTHER'S MAIDEN NAME First	Middle	Lost
	16o. Ye	WAS DECEASED EVER IN U.S. ARM s, no or unknown) (If yes give w	MED FORCES? var ar dates of service) 16b. SOCIAL SECURITY 219-54-3		NFORMANT  Hospital Rec	Address	
the buriol-tronsit permits. Then p ir to burial, cremotion, or removal,		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	ATE CAUSE (o) Arterios ( DUE TO, OR AS A CONSEQUENCE OF	clerot			BETWEEN ONSET AND DEATH
prio ds	CERTIFICATION	90. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	B	TO. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT If either, notify medicol exomit	H HOUR A.M Month Doy Year		OW INJURY OCCURRED (Enter no	sture of injury in Port 1 or Port 2,	Item 18.)
		21d. INJURY OCCURRED 21e. While Not while 1 It work of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LC	OCATION Street or R.F.D. No.	City or Town	County Stote
		saw the deceased a	is haspital) attended the decease live an 3/22 1 e, (1) (we) (did) (did nat) view the	969 ani	d that in (mv) (aur) apinia	Z, ta, 196 in death accurred an the da	te and haur and fram th
Tiled With the		22b. SIGNATURE	les R. Veut	er DEGR	TITIS. DIREC	STAFF 22c. I	Z4/69
Id be			cles R. Venter, M			State Hospita	l,Maryland
	The same	BURIAL CREMATION, 23b. REMOVAL (Specify)	part 199 Led	Med -	und Sahoul 1	3d. LOCATION (City or Town)	(County) T (Stote)
186	24. F	UNERAL DIRECTOR	ADDRESS		PR 2 R	4 1969 25b REGISTRAR'S	SIGNATURE STATES

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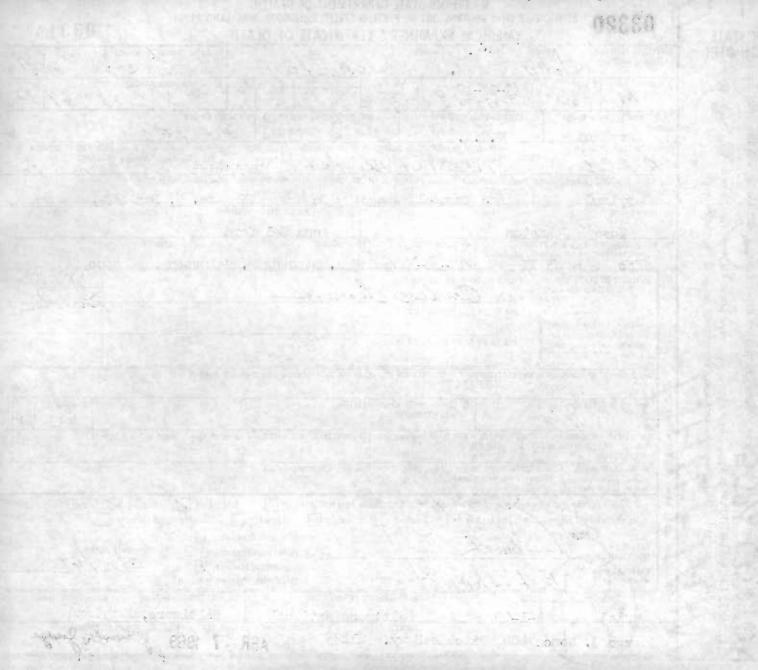
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1 1//		MARYLAND STATE DEPARTMENT OF HEALTH	
10		03319 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03313
HEALTH DEPT.		ECEASED-NAME Type or Print) OF First Month	Day Year 2b. HOUR
loy is 1 3 to Poge ent of		DEATH MATED S	16 189 M
deloy and 3 M3. Pog	3. 5	T (of bribage) MONTHS DAYS HOURS MIN	2d. HOUR
> S S	5	10 10 4-9-1703 65 YRS.	Year 1969 M
The state of the s	7a. caui	"/// WIDOWED   DIVORCED	Mc
Ther death Give Pages J. John with form ith the State De	10.	17) OR TOWN OF DEATH  11. NAME OF HOSPITAL ORYINSTITUTION (If not in hospital during days) (Kind of wark dane give street address)  12. NAME OF HOSPITAL ORYINSTITUTION (If not in hospital during days) (Working Kille, experit of the control of the	
the the	130	USUAL RESIDENCE Where deceased lived, if institution: Residence before 13 CTTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	n
de v		ATHER'S NAME / Eist / Middle 1 Lost 15. MOTHER'S MAIDEN NAME First Middle	Road
24 Your in term r's Office s lond?		andhur haves Louise A. B	Die
hin ncil nine poge hou		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17 INFORMANT  ADDRESS  (If yes give wor or dates of service)	manne
ed wit in pe il Exor il Exor in 72		1B. CAUSE OF DEATH (Enter anly ane cause per line far (o) (b), gnd (c))	APHROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dico dico with		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Letynorus Celeny	>/
should be executed ne word "pending" in o the Chief Medicol E. burial-tronsit permit. F I in ony event within		5/4 X DUE TO, OR AS A CONSEQUENCE OF	1
f 'p		rise to immediate couse (a). (b)	- our
e should the word to the C burial-tr id in ony		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sh to t bur		(c)	
This certificate should ficate, writing the word be forworded to the Cl db used os o burial-tracter or removal, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certification or world or worl	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This critate, ye be for the use of the use o	IFIC	WAS PERFORMED?	YES NO
ER: This certificate, ould be fores.  es. should be u		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2,	Item 18.)
INER: 1 e certific should b files. 3 should ation, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
33 State	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, foctory, office building, etc.) 21f. LOCATION Street at R.F.D. Na. City or Town	County State
XAP the table of the table of ta		WHILE NOT WHILE TOCTORY, Office building, etc.)	
DEPUTY SICAL EXAM sessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry	and in my apinion
SICA officector. director. etained if DIRECTO		death resulted from: Natural causes 🕽 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manne	
pleose direct direct DIRECT DIRECT OF TO LET		CHIEF MEDICAL EXAMINER	A Value of the
JTY SIC, ry, pleose e eral director be retained RAL DIRECT Prior to bu		SIGNATURE M.D. ASSISTANT INCOME.	TE SIGNED!
DEPUTY cessary, e funera moy be FUNERA		EXAMINER'S  DEPUTY MEDICAL EXAMINER	16/6/
	02	NAME (Type)  ADDRESS(Street, city, town, or county)	Ance
01 5 4 5 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d TOCATION (City of Town)	(County) Staye)
0	24.	JADDRESS JASON RECIP BY REGISTRAR 1256. REGISTRAR 1256. REGISTRAR	S SIGNATURE
VR A15MEVS	1/	Illeam Selsett I man John MAR 18 1989 PCC	only Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03314 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN 2b. HOUR (Type or Print) OF ESTI-Poge 0 DEATH MATED ent 16. AGE (In years JE UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE DATE PRONOUNCED DEAD HOUR and last birthday) & Year PM3. 1.0 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 8. Give Pages 1, Office olong with form WIDOWED [ DIVORCED [ with the Stote Marvland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Machinist Tool & Die 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER deoth. Amindel Magothy Bch Box 197 ond 2 nne ofter 14. FATHER'S NAME First Middle Last Middle Lost Anna Belsford be executed within 24 hours Joseph Johnston pericil IIA 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknawn) (If yes give war or dates of service) 217-18-1186 Mrs. Dorothy M. Johnston File Yes Same APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line fasta), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gave rise ta immediate couse (a). certificate should the word ony DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse 2 forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing 05 removal CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificote, YES [ NO P pe should be 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Dov. Year 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote factory, office building, etc.) NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Natural causes Accident Suicide Hamicide Undetermined manner pleose CHIEF MEDICAL EXAMINER prior ACTUAL FUNERAL ( 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Heolth ADDRESS(Street, city, tawn, or county) NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) REMOVAL (Specify) Baltimore, Maryland Baltimore National Burial 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR George J. Gonce 4001 Ritchie Hgwy. DATE APR 1969 VR A15ME (5) 10M REV. 1

MAKTLAND STATE DEPAKTMENT OF HEALTH



1		03321	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		03315
	(	ECEASED-NAME First Type or print) Cliffo		JONES	20. DATE OF DEATH  March Month	2b. HourF. 9:00 M
	3. S	Male	4. RACE White	S. DATE OF BIRTH March 4, 19	6. AGE (In years lost pirthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN
	70. Pe	BIRTHPLACE (State or foreign ntry) nnsylvania	7b. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Anne Arundel	Md.
		Annapolis	11. NAME OF HOSPITAL OR IN: give street address) Anne Arundel	Gen. Hospital   120. USU	AL OCCUPATION (Kind of work done at a working life, even if retired.)	12b. KIND OF BUSINESS OR
1	13o. odm	USUAL RESIDENCE (Where decease ission). STATE Maryland	sed lived, if institution: Residence befare 13b. COUNTY Anne Arundel	13c. CITY OR TOWN 13d. INSIDE CITY I		,
		FATHER'S NAME First	H Middle JONES	IS. MOTHER'S MAIDEN NAME	First Middle	1 ac He
	160	(es, no or unknown) (If yes give w			Address #13	TORHK.
	N	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	and af de f end flear ot related to the terminal disease or	Therefore CONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN OMSET AND OFATH  12.12.11
0	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTDPSY? YES NO X	20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN  or contributing cause of OEAT  (If either, notify medical exomit	HOUR A.M. Manth Day Year		er nature af injury in Part 1 ar Part 2,	Item 18.)
	ME		PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LDCATIDN Street ar R.F.D. Na	. City ar Tawn	County State
		22a. I certify that (I) (the saw the deceosed a couses stoted above	is haspital) attended the decease live onl e, <del>(l) (w</del> e) (did) ( <del>did not)</del> view the	ed from, 1949 9, and thot in (my) ( <del>our) o</del> pi body after deoth.	66, ta3, 19 inion death occurred on the do	that (I) (we) last the ond hour ond from the
1		22h SIGNATURE	Shiply m		AED. STAFF 22c.	DAJE SIGNED . 69
		22d. PHYSICIAN'S NAME (Type)	SHIPLE		dral St., Annapol	is, Md.
	230.	BURIAL, CREMATION, 23b. REMOVAL (Specify) 3	-11-69 Hihh	CREST	HUND POLIS	P.H. P.D.
Q	129	TUNERAL DIRECTOR Lay for	Asars aurepa	15, Mds   250. REC'D E DATEMAR	R 1 2 1969 FEBRUAR'S	sien Judge

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	I. See	C			plat
	POLICE STORY				edrando abado
			So betrette (1)		
2/35			100 - 100		
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	7.32.7.35		TYS'S		
33.00.2					Tank I
	man , in the manager				

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19 7

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03316 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b HOUR Month Day Year (Type or Print) 2, and 3 ta PM3. Page FRANCES L. DEATH MATED March 17, 169 7:30A JONES 4. RACE 6. AGE (In years IF UNDER 24 HRS 3 SFX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 33 vi 4/27/1935 March 17, Negro Female 19 69 7:30 A State Depar 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? alang with farm Mine Arundel WIDOWED [ DIVORCED Anne Arundel 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress Box 140 INDUSTRY State during most of working life, even if retired.) Drury 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY Box 140 Anne Arundel Drury NO T l and 2 Item ] Office afrer 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Marv Virginia Owens Milton Evans 24 haurs .= 4 shauld be forwarded to the Chief Medical Examiner's 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within pencil (Yes, no, or unknown) Drury, Meryland (If yes give war or dates of service) Mary V. Evans File within APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: "pending" IMMEDIATE (AUSE (a) Multiple gunshot wounds of head event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise ta immediate cause (a), any certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, YES & 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) shauld MEDICAL PRIMARY OR CONTRIBUTING 12:00mmMarch Subject shot by husband CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) WHILE AT WORK AT WORK Box 140 M.D. Drury A.A. Home 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry and in my apinian funeral directar. death resulted from: Natural causes Accident . Suicide | Hamicide | X Undetermined manner CHIEF MEDICAL EXAMINER pridr **ACTUAL** ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 3/17/69 DEPUTY MEDICAL EXAMINER 5 may b O FUNER Health **EXAMINER'S** Ronald N. Kornblum, M.D. NAME (Type) ADDRESS(Street, city, tawn, ar county) the 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Moses demetery Bristol, Maryland Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Home-4001 Benning Road VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

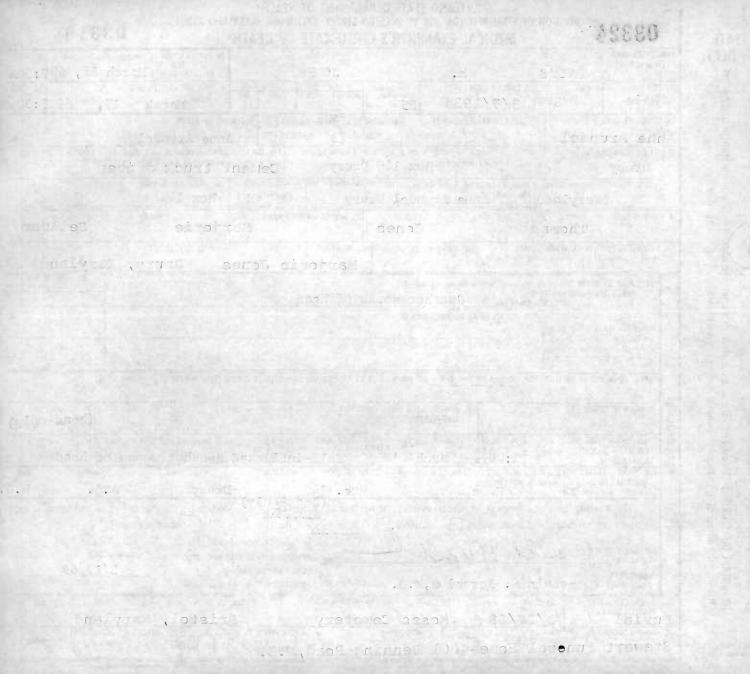
31-5 Harry D. Evene Horney, The East AMERICAN EXCHANGE AND THE PROPERTY OF THE PROPERTY OF THE electron of the little of the

	1. DECEASED-NAME Fit		CERTIFICATE OF DEA	20. DATE OF DEATH	2b. HOUR
	(Type or print) John		JONES	March	7 1969 7:55
	3. SEX Male	4. RACE Negro	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. S.
	70. BIRTHPLACE (Stote or foreign country)  Maryland	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED DIVORCED DIVORCED		M
1	Annapolis	11. NAME OF HOSPITAL OR IN give street oddress) Anne Arunde	L Gen. Hospital duri	USUAL OCCUPATION (Kind of work don ng most of working life, even if retired	e 12b. KIND OF BUSINESS OR INDUSTRY
	odmission) STATE Maryland	osed lived, if institution: Residence before 13b. COUNTY Anne Arundel	13c. CITY OR TOWN 13d. INSIDE Crownsville YES	13e. STREET AND NUMBER NOXX	
	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NA	AME First Middle Middle	O lost
	16o. WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes giv	RMED FORCES? 16b. SOCIAL SECURITY war or dates of service)	NO. HT. WFORMANT	aone Water	BuryMo
	1B. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	only one couse per line for (o), (b), ond (c) SED BY: Congestiv DIATE CAUSE (o)	e heart failu	re	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH O MONTHS
1	Conditions, if ony, which gov	1 /		ovascular disea	many
1	Conditions, if ony, which gov rise to immediate couse (o	(0)	lerotic cardi	ovascular disea	ase years
	stoting the underlying cous-	DUE TO, OR AS A CONSEQUENCE OF			
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASI	E OR CONDITION GIVEN IN PART 1(o)	
1	None				
1		o. CONDITION FOR WHICH OPERATION WAS PE		CALICEC OF DEATIES	CONSIDERED IN CERTIFYING
		ING 1215 TIME OF INITIRY	21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port	
	OR CONTRIBUTING CAUSE OF DI	niner) P.M.			
	While Not while at wark of work	B. PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	La Company		County State
	22a. I certify that (1) a saw the deceased causes stated aba	所述で表現であり、attended the decease alive on Narch 6。 ve, (1)子を引did) 代述であれていませい。	ed from March 2,969, and that in (my) 66, bady after death.	19 <u>69</u> , ta March 7, 1 ) apinian death accurred an the	9 <u>69</u> , that (I) ( <b>&amp;&amp;</b> ) las date and havr and fram th
ı	22b. SIGNATURE	enlehtizm	DEGREE PHYS.	22	arch 7, 1969
	22d. PHYSICIAN'S NAME (TypeChar]	es W. Kinzer, M	. D. 22e ADDRESS Mur	ray Ave., Annap	oolis, Md.
	23a. BURIAL, CREMATION, 23b. REMOVAL (Specify)	DATE -10-1969 235- DAME OF	EMETERY OR CREMATORY	23d LOXTION (City or Town)	eld Majoret
	24. FUNERAL DIRECTOR	ADDRESS ADDRESS	11/1/		'S SIGNATURE
L	WELLEMIT	wetterning.	DATE DATE	AR 10 1969 PCLIO	was ludge

CIT III wir gathousing . Swingersuck will be all awaith . In a fadility with 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03318 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Doy 2b. HOUR Year (Type or Print) ESTIany deloy is 2, and 3 to PM3. Poge JONES DEATH MATED March 17, 1697:30A THOMAS 0 M. Stote Department 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR HOURS Ma le Negro March 17, Year 3/7/1934 35 :30 MA YRS 7o, BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9. COUNTY OF DEATH Office olong with form Anne Arundel WIDOWED [ DIVORCED [ Anne Arundel Hem 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Box 140 Drury during most of working life even if a tired \ INDUSTRY and 2 with the Drury 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? deoth. 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Anne Arundel Drury Box 140 YES NO 24 hours ofter 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Sellman Thomas Jones Marjorie miseria hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** porti be executed within (Yes, na. or unknown) (If yes give war or dotes of service) Marjorie Jones Maryland Drury, File rd "pending" in p Chief Medical Exe within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate cause (o), This certificate should writing the word ony DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse should be forworded to the .⊆ puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 OS removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? (head-only the certificate, 7, 1969 Cara Course (Enter nature of injury in Part 1 or Part 2, Item 18.) pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 50 3 should MEDICAL PRIMARY OR CONTRIBUTING cremation, :00xxx March 19 Self-inflicted gunshot wound of head CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) DIRECTOR: Poge WHILE AT WORK AT WORK Rte. 140 A.A. M.D. Drury Home burial, 22a. I certify that I taok charge of the remains described above, held an (head -only) Inspection for Inquiry and in my apinian funerol director. death resulted from: Natural causes Accident \_ Hamicide Suicide x Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL moy be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3/17/69 DEPUTY MEDICAL EXAMINER TO FUN Health **EXAMINER'S** Ronald N. Kornblum, M.D. NAME (Type) ADDRESS(Street, city, town, or county) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 22/69 Moses Cemetery Bristol. Maryland 24. FUNERAL DIRECTO 25g. REC'D BY REGISTRAR VR A15ME (\$) Home-4001 Benning Road, NUEW 10M REV. 1/88

MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAN DIVISION OF VITAL RECORDS.	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BALI CERTIFICATE OF DEATH	HEALTH	
	03325		CERTIFICATE OF DEATH	MAKE EARLY 2 1201	93319
	1. OECEASED-NAME Firs (Type or print)	Middle James	Last	2a. DATE OF DEATH  Month  3/21/6	Year 2b. HOUR 6:45
	3. SEX	4. RACE	Joyner S. DATE OF BIRTH	6. AGE (In years	9 6:45
	Male	Negro	6/29/48	last birthday) 20 YRS.	MONTHS DAYS HOURS MIN
	7a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	North Carol:	ina USA	WIDOWED DIVORCED	Anne Arundel	County
10	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		AL OCCUPATION (Kind of work done	12b. KINO OF BUSINESS OR
71	Laurel	give street address) D. C. Childr	en's Center Inst	ast of working life, even if retired.)	INDUSTRY
201	13a. USUAL RESIDENCE (Where deced	ased liver, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	IMITS? 13e. STREET AND NUMBER	
7	washington, D.	C 130. COUNTY -	YES N	0 ☐ 1215 6th St	N.W.
5	14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
)		e Mack Joyner		Mattie Lee	Perkins
	16a. WAS DECEASED EVER IN U.S. AR Yes, na, ar unknown)   (If yes give	RMED FORCES? 16b. SOCIAL SECURITY N	O. 17. INFORMANT	Address	Laurel, Mo
1	No	- None	D. C. Childre	n's Center Hospit	al
1	18. CAUSE OF DEATH (Enter o	only one cause per line far (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	DIATE CAUSE (a) Browcha	pullmana L	U L	
	200	DUE TO, OR AS A CONSEQUENCE OF			
	Canditians, if any, which gave rise to immediate cause (a),	(b)	yperhaphie Mus	cular deptroper	4
	stating the underlying cause				
	last.	) (c)			
П	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	19a. DATE OF OPERATION 19b	o. CONOITION FOR WHICH OPERATION WAS PER	RFORMED 20g. AUTOPSY?	TOOL IS NEST IMPRESTMENTINGS	ONG IN CORPORATION
	19a. DATE OF OPERATION 19b	. CONOMICK WHICH OF EXAMON WAS FEE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	UNSIDERED IN CERTIFYING
				r nature of injury in Part 1 or Part 2. I	Itam 191
	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Manth Day Year		, marare or import in Full 1 of Full 2, 1	10.]
		P.M. 19  P. PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		. City or Tawn	Caunty State
1	While Nat while at work	OFFICE BUILDING, ETC.	/	. City of town	coomy Stute
		his hospital) ottended the deceose	d from 6/10/ 196	5 to 3/21/ 19	69 , that (1) (we) los
	saw the deceased of	dive on 3/21/69 1	and that in (my) (aur) and	inian death accurred on the da	te and haur and fram the
		e, (I) (we) (did) (did not) view the b	oady after death.		
	22b. SIGNATURE	2 10 0. 1. T	ATTENDING ATTENDING	MED. STAFF	DATE SIGNED
	22d. PHYSICIAN'S	molamil		DIRECTOR L PHYS. LX	72]/69
	NAME (Type)	aret Mola, M.D.		. Children's Cent el, Md.	er Hospital
-			EMETERY OR CREMATORY		(6 )
1	REMOVAL (Specify)	10 11/2	EMETERT OR CREMATURY	23d. LOCATION (City or Tawn)	(County) (State)
1	24. FUNERAL DIRECTOR	-27-69 Chile	1 2Sa. REC'D B	Y REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	Dangelow	Preneral Hame,	family DAPR	1 1969 Milliand	
1	a a confinement on 3 . 1 .		Charles 11	7 1000	200

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Arme Ardadet County		Wet)	North Carolina
- bosicanoki	a Comber Institu	The results of the re	Lougal
1215 6th 9t., 9.M.			.o .d (mostridae
tio Luc Peritin	ide.	mayoŭ X	Cantio Mad
	D. C. Children's		Q/I
		of the second	
/11/E	*		
3/11/ 69 // // // // // // // // // // // // //	C5 \\0.17/3		

				MARYLAND. STATE DEPARTMENT OF HEALTH	
2	-		20000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
0			03326	CERTIFICATE OF DEATH	03320
	h 2 h			rst Middle Last 2a. DATE OF DEATH	2b. HOUR
	leat eral and deat	. 19	(xpe or print) (AN	(NA) KATACULOS Mooth Doy	Yeor 9 M
	fun 1 er d	3. S		4. RACE S. DATE OF BIRTH 6. AGE (In years IF	UNDER I YEAR   IF UNDER 24 NRS.
	s aftr the ages rs aft		Female	white 5/1/96 last birthday) VRS. MO	ONTHS DAYS NOURS MIN.
	hour hour	70. cau	BIRTHPLACE (Stote or foreign of try) GRECCE	76. CITIZEN OF WHAT COUNTRY?  V. S. A.  8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH  WIDOWED   DIVORCED   ANNE ARUNDE	1 County "
	lled apply	10.	CITY OR TOWN OF DEATH	111. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 1	12b, KIND OF BUSINESS OR
	ban	6	len Burnie	mo give street oddress) North Arthur od during most of working life, even if retired.)	INDUSTRY
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled-ia by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 24 hours after death.	13o. odm	USUAL RESIDENCE (Where decission) STATE	eased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY BALTIMORE YESTA NO BOOK 50 A DANK	STREET.
	and con remain any	14.	FATHER'S NAME First	Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
1	ase nd i	160	. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	hysic n ple val, a			Paul Kataculos, 8626 E.	Bang St.
	ng p The		18. CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	eath endii nit. ar re		PART I. DEATH WAS CAL	JSED BY: EDIATE CAUSE (a)	months
	affe on,		4/24	DUE TO, OR AS A GONSEQUENCE OF	
	th the sit is		Canditians, if any, which gav rise to immediate cause (o		
	tha in. by ran ren		stoting the underlying cous	DUE TO, OR AS A CONSEQUENCE OF	
	sicio ed al-ti		last.	(c)	
	phy phy sign buri buri		PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	w ra ling een the r ta	8			
	he la uttend nas bi e as bi pria	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20c. AUTOPSY?  20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	SIDERED IN CERTIFYING
	at te h	CERT	21a. ACCIDENT WAS UNDERL		m 18.)
	ICLAN pital rtifica d far af He	MEDICAL	OR CONTRIBUTING CAUSE OF CAUSE OF CO	DEATH HOUR A.M. Manth Day Year Imminer) P.M. 19	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and	×	21d. INJURY OCCURRED 2 While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town	County Stote
	NG V th her the rate	١.		(this haspital) attended the deceased fram, 19, ta, 19	, that (I) (we) last
	ed be sid bild bild be sid be sid be sid be sid be sid be side	Н	saw the deceased	alive an19, and that in (my) (aur) apinian death accurred an the date ave, (I) (we) (did) (did pot) view the bady after death.	and haur and fram the
	ATT tain tain th	Н	22b. SIGNATURE		TE SIGNED
	OR JOR JOR JOR JOR JOR JOR JOR JOR JOR J	L	the Co	DEGREE PHYS.   MED.   STAFF   DIRECTOR   PHYS.	it siones
	ITAL may b tal D tal D page be file		22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS	
	DSP INEF	,	DUDIAL CDEMATION 100	Bb. DATE J 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caushi) (State)
	Share Share	230	BURIAL, CREMATION, REMOVAL (Specify)	2/2-//4/6	(Caunty) (State)
	5-5	24	FUNERAL DIRECTOR	ADDRESS 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIG	GNATURE
	30M REV. 1X68		Nicholas T	Matthews B. L. MAR 2 8 1969 Chanda	Judge.
			J. U.O. I		

MAKYLAND STATE DEPAKIMENT OF HEALTH

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	MAKYLAND STATE DEPARTMENT OF HEALTH
2	03328 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03322  CERTIFICATE OF DEATH
	Susan CERTIFICATE OF DEATH  DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
the leaf	(Type or print) Susan - Kerbe March Month 22 Day 1969 // A.
une r de	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 14 PAR IF UNDER 24 HRS.
requires that the death certificate be executed within 24 hours after death. g physician.  signed by the attending physician and completely filled in by the funeral e buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 buriol, cremotion, or remavol, and in any event, within 72 hours after death.	F Emale White 9/29/89   OAYS HOURS MIN OAYS HOURS MIN
Since of the series	70. 8IRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
Per P	Maryland U.S.A. WIDOWED Anne Arundel Co.
fille fille	O. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during mast of working life, even if retired.)  120. USUAL OCCUPATION (Kind af work done during mast of working life, even if retired.)  INDUSTRY
with bon	Morth Arundel Housewife Own- Home
plet cor	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before demission) STATE Maryland 13b. COUNTY Anne Arundel Pasadena 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Anne Arundel Pasadena
com	
be execond co	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
reate by	(unknown) Zell (unknown)  16g. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT Address Games as
Rhysician Rhysician hen please	Yes, po, or unknown)   10.5. AKMED LOCKES?   10.5. AKMED LOCKES?   10.5. SOCIAL SECURITY NO.   17. INFORMANT   Address   Same as   12.6-01-7253-B Mr. Alfred H. Kerbe (husband)   13
hen	APPROXIMATE INTERVAL
that the death certific ian. by the attending thys tronsit permit. Then p	PART I. DEATH WAS CAUSED BY:
dea tten rmit rmit	IMMEDIATE CAUSE (a) TURE TO OR AS A CONSEQUENCE OF
the d	Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF ASATO CITED TO THE CONTROL OF TH
hat y th onsi	rise to immediate couse (a).  Stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
es the side of the	last. (c) Oliverse Others cleves
abhys ourigne ourig	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
ng l en s en s to b	= Objest, Aner annon
ilCIAN: The law requires that the pital or offending physician. rtificate hos been signed by the color use as the buriol-tronsit of Health priar to buriol, cremoting	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The off hose the	¥ES NO □ CAUSES OF DEATH?
rate or u	
pitch pritifii of f	음 (If either, natify medicol exominer) P.M. 19
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or ottending physician.  DIRECTOR: After this certificate hos been signed by per 3 should be detached for use as the buriol-troed with the State Dept. of Health priar to buriol, cre	21d. INJURY OCCURRED While Not while at wark 21d. AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
N Y th	220   certify that (1) (this haspital) attended the deceased from 3-2/-1969, to 3-22, 1969, that (1) (we) los
TENDING ined by the OR: After it	220. I certify that (I) (this hospital) attended the deceased from 3-21-19-69, to 3-22, 19-69, that (I) (we) lose sow the deceased alive on 3-21-19 and that in (my) (our) opinion death occurred on the date and hour and from the
A ATTENI retained ECTOR: A 3 should with the	couses stoted above, (1) (we) (did) (did not) view the body offer death.
OR A De ret De ret De ret DIRECTOR A SI	22b. SIGNATURE  22c. SIGNATURE  DEGREE PHYS.
moy be moy be RAL DIR. poge 3 be filed	22d. PHYSICIAN'S () C Q Lea MAN 22e. ADDRESS () 1 Q C Q C Q C Q C Q C Q C Q C Q C Q C Q
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to	NAME (Type) Cenap J. OOK KAN, IND 325 Hospital Drive, g. Busine, Mid
HO H	230. BURIAL, CREMATION, REMOVAL (Specify)  March 26, 1969 Glen Haven Memorial Pk. Glen Burnie, Maryland
00	Burial March 29, 1909 Gen Haven Memorias Pk, Glen Hurnie, Maryland
VR A13 (3)	Singleton Funeral Home Glen Burnie Md. DATMAR 2 6 1969

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1 PK. June Lorede, Meryl on		nigo, daer, ao d	

and the state of t

		03330	DI	VISION OF VI	TAL RECORDS,	301 W. P	DEPARTMEN RESTON STREET CATE OF DE	T, BALTIMOR	TH E, MARYLAND 2120	033	24
		EASED-NAME pe or print)	First		Middle	CERTIFIC	Last		DATE OF DEATH  Manth	Doy Year	2b. HOUR
M	3. SEX		John 4	1. RACE	Anthony		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	
		Male				nite	6/1	.6/30	last birthday)	YRS. MONTHS DAY	YS HOURS MIN
	7o. BIF	RTHPLACE (State or fareign	7b.	CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	NTY OF DEATH		
	W	ashington		US		WIDOWED	DIVORCED		nne Arundel		Mc
4	C	Y OR TOWN OF DEATH  rownsville		give stree	OF HOSPITAL OR IN: ot address) vnsville			de also second of	PATION (Kind of work do varking life, even if refire ment Oper 13e. STREET AND NUMBER	INDUCTOR	OF BUSINESS OR
	admiss	SUAL RESIDENCE (Where dision) STATE  Maryla	1	ived, if institution: 13b. COUNTY A A	Residence before		TOWN 13d. 19	NSIDE CITY LIMITS?	13e. STREET AND NUMBER Box 4582		oint Di
		THER'S NAME First		Middle	Last		. MOTHER'S MAIDEN	NAME First	Middle Middle		last
		To	hn W	Klein		1500			Cecilia	Ofens	tein
		VAS DECEASED EVER IN U.S.	ARMED F	FORCES? 16E	o. SOCIAL SECURITY I	NO. 17. I	NFORMANT		Addres	S	rem
	nes	,,	give war or o	dates of service)	213 36 58	324 H	ospital R	ecords.	Crownsville	State H	ospital
f		8. CAUSE OF DEATH (Ente	er only or	ne cause per line fo					THE STATE OF THE S	APPRO	OXIMATE INTERVAL N ONSET AND DEATH
		PART I DEATH WAS C.	ALICED BY.				narv ede	ma and	congestion	DETWEE	TOTOLI AND DEATH
		3032	WEDINIE C		CONSEQUENCE OF	Postille		and dire	COLIGEOTION		
1	(	onditions, if ony, which g	ave)			chopne	eumonia,	hasa1			
1		ise ta immediate cause toting the underlying ca		DUE TO, OR AS A		- Ciropin	Jonno II Zu (	Dabar			
1		ist.	036	(c) Ch	ronic al	cohol:	i sm				
	F	PART 2. OTHER SIGNIFICANT	CONDITIO	ONS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DIS	EASE OR CONDITIO	ON GIVEN IN PART 1(a)		
		Malnutriti									
1	CERTIFICATION			OITION FOR WHICH			20a. AUTOPSY?		20b. IF YES, WERE FINDING	GS CONSIDERED IN	CERTIFYING
	TIFIC						YES 🗔	NO 🗌	CAUSES OF DEATH?		
1		To. ACCIDENT WAS UNDER	LYING	21b. TIME OF INJ		21c. HG	43		of injury in Part 1 ar Part	t 2, Item 18.)	
1	MEDICAL	OR CONTRIBUTING CAUSE O	F DEATH	HOUR A.M. M	lonth Day Year						
	i	21d. INJURY OCCURRED While Not while	21e. PLAC	E OF INJURY (AT P	HOME, FARM, STREET, FAC CE BUILDING, ETC.	TORY.) 21f. LC	CATION Street ar		City or Tawn	County	State
	2	220. I certify that (I)	(this he	ospitol) ottend	ed the deceose	d from	2/27	., 19_69.	to3/3/	19_69, th	ot (I) (we) los
		saw the deceose	d olive	an3/	3 1	9 <u>69</u> , and	that in (my) (	aur) apinian d	to3/3/, leoth occurred on the	dote and hav	ond from th
1	_	couses stated at	ave, (1)	(we) (aid) (did	nat) view the	body offer o	leoth.				
1	1	20.3101011	100	0 //.	1/01/10	Mal	ATTENDING	MED. DIRECTOR	STAFF -	3/5/69	
	2	2d. PHYSICIAN'S	/00	100	vouce	DEGR	EE PHYS.  22e. ADDRESS	DIRECTOR	PHYS.	3/3/09	
	2.	NAME (Type)				1		esri 11a	State Hospit	ral Mam	v1 and
ŀ	230 0	BURIAL, CREMATION,	3b. DATE		23c. NAME OF	CEMETERY OR					
	n.	FAAGS1441 (C ) 1 1 4 1 1 C A 1 C							LOCATION (City or Tawn)	(County)	(Stote)
ŀ	24. FII	BUTTATION SINERAL DIRECTOR Nal Home Inc.	1/1/	09	Parkl	awn C	9K•	REC'D BY REGIS	ockville,	AR'S SIGNATURE	
1		Home Nal	Ley	s Funer	ral Hon	ia, Mt.	Rainie	MAR 11		AKS SIGNATURE	46
L		THE THE				Marv	Lamo + BA	11人 11利用	1303 /	1	7

		MARYLAND STATE DEPARTMENT OF HEALTH
7		03331 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03326
		03331 CERTIFICATE OF DEATH
	4 1-34	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
	\$ 11398 8	(Type or print) ELIZABETH A KRAMER MARCH 25 1969 8 A
	er Ser	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   FUNDER 14 HOURS   MINTHS   DAYS   MINTHS   DAYS   HOURS   MINTHS   DAYS   MINTHS   MINTHS   DAYS   MINTHS
	y the Poges urs oft	Female white 7/3/78 lost birthday) YRS. MONTHS DAYS HOURS MIN
	by Pour	70. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	24 ho d in pers. 72 h	WIDOWED DIVORCED HUME HYUNDE!
	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer be retained by the hospital or ottending physician.  SIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fue e 3 should be detached for use os the burial-transit permit. Then please remays carbon papers. Pages ed with the State Dept. of Health prior to burial, crematian, or removal, and a any event, within 72 hours offer	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12b. KIND OF BUSINESS OR during most of working life, even if retired.)
		1/4 la U A DOLLS DELLA DOLLS LA LIND LA CREUL LE HOUSE WILLE
	completely dve carbon	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Med 13b. COUNTY A SUNDPOLIS YES NO 23 FRANCIS ST.
	o o o	N 10 Marks
	S E E	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	ician lease and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	physicia physicia en pleas oval, an	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 16b. SOCIAL SECURITY NO. 17. INFORMANT ( 17. INFORMANT ( 18. SOCIAL SECURITY NO. 17. INFORMANT ( 18. SOCIAL SECURITY NO. 17. INFORMANT ( 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19. INFORMANT ( 19. SOCIAL SECURITY NO. 19. SOCIAL
	ph) nen novo	1 ADDRAYUM'E WERDIN
	at the death cer the ottending p nsit permit. The matian, or remo	18. CAUSE OF DEATH (Enter only one couse per line for (a), b), and (c).)
	dea rmit r, or	PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Cerebral Voscular Lumfileence 5 days
	the e of	Conditions, if only which gove )  DUE TO, OR AS-A CONSEQUENCE OF OR AS-A CONSEQUENCE OR AS-A CONSEQUENC
	that an. by th ronsi	rise to immediate cause (a).
	d b	stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF 1
	physician. physician. signed by the burial-tronsit burial, cremat	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	ng p n s n s ne b to b	
	PHYSICIAN: The low rether he hospital or ottending this certificate has been letached for use os the Boet. of Heolth prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO PORT OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 12b. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 them 18.)
	otte otte otte otte otte otte otte otte	YES NO RO CAUSES OF DEATH?
	or or use eolt	
	rific tific d fo of H	Ountributing Cause of Death HOUR A.M. Month Doy Year [1] Clienther, notify medical examiner) P.M. 19  21d INLIDEY OCCURRED 21e PLACE OF INLIDEY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City of Town
	HYSI hosp	
	G PHYSIC the hospit this certification detached the Dept. of	of work of work
	After I be of Stote	22a. I certify that (I) (this hospital) ottended the deceosed from 1/1/1, 19/16, to 3/25, 19/69, that (I) (we) lo
10.00	R: A	saw the deceased alive an 3/19 1969, and that in (my) (east) apinion death accurred on the dote and hour and from the courses stated above, (1) (east) view the body after death.
	ATT Stoor	22b, SVENATURE 2
	OR Se re de	A force of the free free free Pers of Director D
	AI DO	22d. PHYSICIAN'S 22e. ADDRSSS (
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed a Page 4 may be retained by the hospital or otherding physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complet director, page 3 should be detached for use as the burial-transit permit. Then please remays car should be filed with the State Dept. of Health prior to burial, crematian, or removal, and is any event.	NAME (Type) 16 Murray Avenue Annapolis hid.
	Poge 4 n Funer Funer director,	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	5 5 5 p x	BREMOVAL (Specify) 3/27/69 St Mdvys Aund Polis AA Nd
	VRAISTUD	Thomas A. Hardesty Anadolis M. Johnson P. Hardesty Anadolis M. John Registrar's signature
	30M REV.	Thomas A. Hardesty Aundpolis Md. DAMAR 27 1969 Telemelas Judge

03332	DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE, CERTIFICATE OF DEATH	MARYLAND 21201	03327
1. DECEASED-NAME (Type or print) Ge	orge H.	Lost Kramer#29265	ATE OF DEATH  Month  23	25. HOUR B:10 <sup>P</sup>
(Type or print)  3. SEX  Male  70. BIRTHPLACE (Stote or foreign country)  Maryland  10. CITY OR TOWN OF DEATH  Crownsville  130. USUAL RESIDENCE (Where decease odmission)  STATE  MIL  14. FATHER'S NAME  First  Charle	4. RACE White	5. DATE OF BIRTH 7/17/99		UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN
70. BIRTHPLACE (State or foreign country)  Maryland  10. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED A	TY OF DEATH	M
10. CITY OR TOWN OF DEATH  Crownsville	11. NAME OF HOSPITAL OR IN give street address) Crownsvill	e State Hospi during most of wo	rking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
odmission) STATE	sed lived, if institution: Residence before	Baltimore YES NO D	3e STREET AND NUMBER 6 5. Chester	Avenue
2 14. FATHER'S NAME Charle			Middle	Last
160. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown)  18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CON	var or dates of service) 215-05-7	229 Hospital Record	Address	
Conditions, if ony, which gove trise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEQUENCE OF (c) (2) Pulmona			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 9	CONDITION FOR WHICH OPERATION WAS PE	YES NO 🙀	206. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	-
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Yeor	9	of injury in Port 1 or Port 2, Item	1 B.)
While Not while	OFFICE BUILDING, ETC.	(CTORY,) 21f. LOCATION Street or R.F.D. No.		ounty State
canses stated above	is hospital) attended the deceose live an 3/23 1 e,(I) (we) (did) (did nat) view the	ed from <u>4/8</u> , 19 <u>65</u> , to 9 <u>69</u> , and thot in (my) (our) opinian de bady after death.	ath occurred on the dote of	, that (I) (we) las and haur and fram the
causes stated above 22b. SIGNATURE  22d. PHYSICIAN'S	Margales	DEGREE PHYS. DIRECTOR  22e. ADDRESS	STAFF PHYS. 22c. DATE	SIGNED 24/69
22d. PHYSICIAN'S NAME (Type) A	Gonzalez, M. D.		tate Hospital	.Maryland
230 BURIAT TREMATION 23h [	DATE 23c NAME OF C-REE			County) (State)

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	Exemple (C)			2 (f)		
		ST n		2. (f) 1. (**) 1. (**)		
		ST n		2. (f) 1. (**) 1. (**)		
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9	•	MARYLAND	STATE DEPARTMENT OF	HEALTH		
033	334 DIVISION		1 W. PRESTON STREET, BAL RTIFICATE OF DEATH	TIMORE, MARYLAND 21201	03329	)
1. DECEASED-NA (Type or pri		Middle hei	nkuhler	20. DATE OF DEATH Manth / 5 De		2b. HOUR
		hite	s. date of birth 2/22/185	6. AGE (In yeors last birthday) 4 YRS	MONTHS DAYS HO	JNDER 24 HRS. IURS MIN
70. BIRTHPLACE country) Main	iuland	USA	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Anundel		N
Ann	who of death apolis		TION (If not in Hospital 12a. USI Jursing Conv. 7	UAL OCCUPATION (Kind of work dane most of working life, even if retired.)		INESS OR
13a. USUAL RES	SIDENCE (Where deceosed lived, if in AFE 186. COUN	JTY .	altimone 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER 1437 Stoneu	wod Rd.	
14. FATHER'S N	1	dle Last	15. MOTHER'S MAIDEN NAME		L	ost
	ASED EVER IN U.S. ARMED FORCES? nknawn) (If yes give war or dates of service)	(e) 16b. SOCIAL SECURITY NO.  yes	Mr. Eugene E.	waruwur, Addess	apolis, A herwood P	Ad.
PART 4	E OF DEATH (Enter only one cause of a DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, s, if any, which gave)	oer line for (o), (b), ond (c).)  OR AS A CONSEQUENCE OF	or accide	it (Rt)	APPROXIMATE I BETWEEN BUSH I	INTERVAL AND DEATH
	nmediote couse (a), ne underlying couse (c)	OR AS A CONSEQUENCE OF	(AK	log Aupupation	(t)	JO =
= Deci	witus/ Merion	IRIBUTING TO DEATH BUT HOT R A A A A A A A A A A A A A A A A A A A	ELATED TO THE TERMINAL DISEASE OR  THE TOWN TO T	20b. IF YES, WERE ENDINGS	Ca?2) CONSIDERED IN CERTIF	YING
<b>♂</b> □ OR COHT	RIBUTING CAUSE OF DEATH HOUR	ME OF INJURY A.M. Month Doy Yeor P.M. 19	21c. HOW INJURY OCCURRED (Ent	ter noture of injury in Port 1 or Port 2	, Item 18.)	
	RY OCCURRED 21e. PLACE OF INJU	17	) 21f. LOCATION Street or R.F.D. N	la. City ar Tawn	County	State
Sav	rertify that (I) (this haspital) with deceased alive an uses stated above, (II) (we) (iii)	3_/\	🕰 , and that in (my) <del>(our</del> ) a	pinan death occurred on the d		( <del>we) l</del> o d from t
22b SIGN	191- UDI	tous	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. D	PATE SIGNED	,
	NE (Tγpe)		22e. ADDRESS			
23a. BURIAL, CI BREMOVAL BUNIA	(Specify) 3/18/169	New Cathe	etery or crematory		(County) (S	Stote)
John to		ROOO E. Baltin	none St. DATE	PRY REGISTRATE 969 25b. PRODUCEAL	SESTONATURE	la .

11 91	103335 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Items#2a,22a,FilmG411 4/7/69 km CERTIFICATE OF DEATH	03330
end.	1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 24	2b. HOUR <b>p</b>
after of the control	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years left birthday) MODE 1. AGE (In years	UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
24 hours after death ed in by the tureral ppers. Pages Find 72 hours after death	Male White July 25, 1914 54 YRS. To BIRTHPLACE (Stote or foreign country)  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
exated within 24 hours at completely filled in by the abe carbon popers. Poggy event, within 72 hours a	Illinois   V > / J   WIDOWED   DIVORCED   Anne Arunde   Country OR TOWN OF DEATH   Ill NAME OF HOSPITAL OR INSTITUTION (If not in bospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of work done   Till Name of Hospital   120   USUAL OCCUPATION (Kind of Work done   Till Name of Hospital   120   USUAL OCCUPAT	12b. KIND OF BUSINESS OR
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and completely fremade carbon nony event with	odmission) STATE Maryland 13b. COUNTY Arundel Pasadena YES NOW Box 94 B. Rt.	5
be ex and erem	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
tificate hysicion n pleasi val, and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or only navy) (If yes givery populational segret) 213056230 Lellian Li Maistin	Olove
ATTENDING PHYSICIAN: The low requires that the death certificate be executed etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and comples should be detached for use as the burial-transit permit. Then please remays can the State Dept. of Health prior to burial, cremation, or removal, and in any event that the State Dept.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  OART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) PERITONITIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t the d the atte sit perr	154/ Conditions, if ony, which gove rise to immediate couse (o),  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o),	
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The low requires the attending physician. has been signed by se os the burial-troith prior to burial, cre	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS  CAUSES OF DEATH?  21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIES.  21d. ACCIDENT WAS UNDERLYING 12b. TIME OF INITIES.  21d. ACCIDENT WAS UNDERLYING 12b. TIME OF INITIES.	IDERED IN CERTIFYING
CIAN: 1 ital or ificote for us f Healt	21c. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item OF INJURY OCCURRED (Enter noture of injury in Port 2) (Enter noture of injury in Port 2) (Enter noture of injury in Port 2)	18.)
NING PHYSICIAN by the hospital ffer this certifica be detached for State Dept. of He	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.)  While Not while of work  OFFICE BUILDING, ETC.	County Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	22a. I certify that (I) (this hospital) attended they deceased fram	, that (I) (we) last and haur and fram the
OR ATTENE be retoined DIRECTOR: A pe 3 should ed with the	22b. SIGNATURE / 22c. DATI	E SIGNED /
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22d. PHYSLEAN'S 22e. ADDRESS 22e. ADDRESS	12/67
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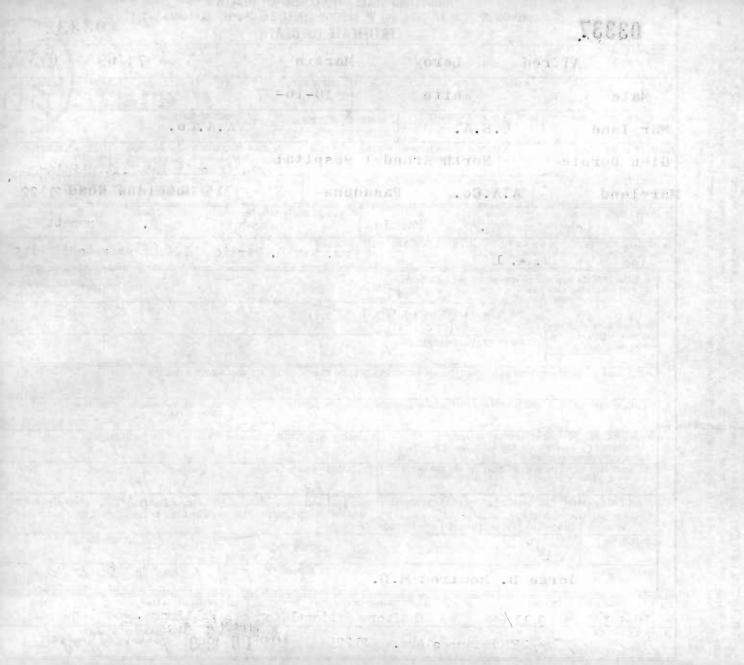
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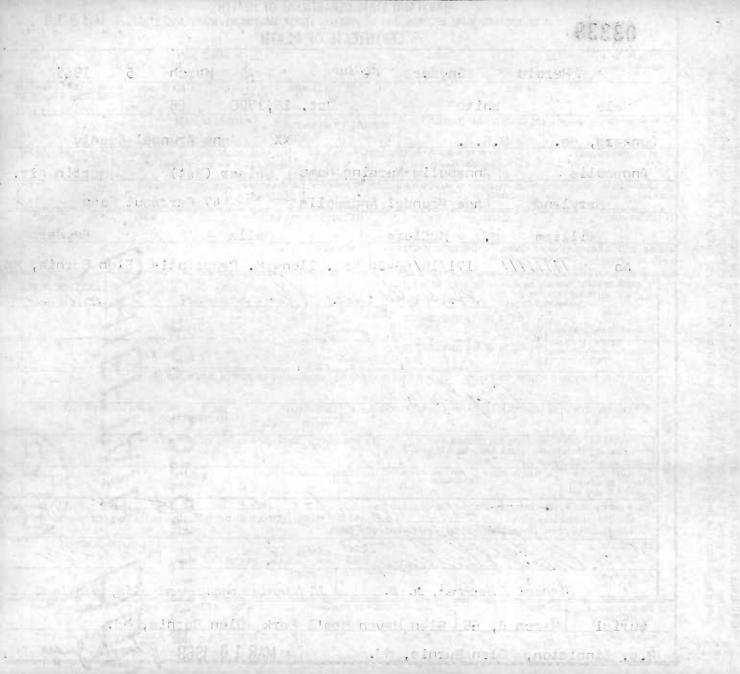
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 03333 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b, HOUR (Type ar print) March Y10969 McClure Harold Snyder 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR JE LINDER 24 HRS burial-transit permit. Then please remave carban papers. Pages T burial, cremation, or remaval, and in any event, within 72 hours after 6. AGE (In years within 24 hours after last birthday) campletely filled in by the White Male Oct. 18.1900 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [ DIVORCED U.S.A. Anne Arundel County Dunkard. Pa. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Welder (Ret) give street oddress)
Annapolis Nursing Home pau INDUSTRY Annapolis Martin Air. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Anne executed YES Arundel Annapolis 47 Farragut Road 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle and requires that the death certificate be Della William McClure Snyder 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) 171/18/6843A Mrs. Ilene M. Pappafotis Glen Burnie, Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Browncha ancenous DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? YES 🗌 No [ TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hospital) extended the deceased fram\_\_\_\_ \_19 6 f, and that in (my) (obj epinian death accurred on the date and hour and from the 2/24 saw the deceased alive an causes stated above. (1) (wat (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ALTENDING PHYS. MED.
DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 16 Murray Avenue Annapolis, Maryland Richard I Hochman, M. D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL, CREMATION, 23b DATE REMOVAL (Specify) Glan Haven Mem'l Glen Burnie Park March 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE MAR 10 R.V. Singleton, Glen Burnie, Md.



		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			03334
HEALTH DEPT.		DECEASED-NAME First Middle Last 20. DATE KNOWN Month	Day Year 2b. HOUR
at Se os	(	(Type or Print) Richard. 5 Me Colloigh. DEATH MATED 3	15 69 69 M
300	3. S	SEX 4. RACE S. DATE OF BIRTH, 6. AGE (In years I FUNDER 1 YEAR I FUNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
E M F F		M W 3/20/04 loss birthday) MONTHS DAYS HOURS MIN. Manth 3 Day	5 Year 1969 A M
200	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17 - 10 - 111
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death e Pages with for he State	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (II nat in haspital 12a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
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ors after d		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER	
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hours after de ltem 76. Give F Office along w land with the ofter deoth	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
24 H in It in It is 0 rs 0		Heary McCallough Isabelle E.	Hornberger
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED ORCES?  16b. SOCIAL SECURITY NO 17. INFORMANT  Yes, ng, gr upknown) (If yes gre war or dates of service)	
l within pencil Examine Examine File pog		11 yes give wal or acres as service) 218-09-0391 R.S. McCullough Ir-Eroning vill	le md.
Pin in i		18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in nief Medical E ansit permit. F event within		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) active believed to C. V. S.	Austen
exe andi Me t pe		4124 DUE TO, OR AS A CONSEQUENCE OF	
be "pe" "pe ansi		Canditians, if any, which gave rise to immediate cause (a), (b)	
should e word the Ch turiol-tro		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief I buriol-transit I in ony ever		last.   (c)	
s certificate should be executed within 24 houe, writing the word "pending" in pencil in Item forwarded to the Chief Medical Examiner's Offigured as o buriol-transit permit. File pages landemoval, and in ony event within 72 hours ofter		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
verificate writing the rwarded t ised as o noval, and	N.		
is certific te, writin forward e used a removal,	STE	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icote, be for the trend or ren	CERTIFICATION		YES NO 🔼
*= m ==		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	lem 18.)
e certif should files. 3 shoulk	MEDICAL	CAUSE OF DEATH P.M. 19	
cal Examiner: execute the certi or. Poge 4 should of far your files. CTOR: Poge 3 shou buriol, cremotion,	W	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.)  21f. LOCATION Street at R.F.D. No.  City at Town	Caunty State
		AT WORK AT WORK	
e executor. Poged far		22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔲, Inspection 🔀, Inquiry 🔀	and in my apinian
bull bull		death resulted from: Natural causes 🔀 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
please en director retained DIRECT or to bu		CHIEF MEDICAL EXAMINER	
y, please yy, please brol direct on retains RAL DIRECT prior to l		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED 119
DEPUTY DICAL E		EXAMINER'S DEPUTY MEDICAL EXAMINER S	115/01
		NAME (Type) L. LINGARY M.D. ADDRESS(Street, city, town, or county)	ACO
ちょきゃるまり	230	a. BURIAL CREMATION,  REMOVAL (Specily)  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town)	(County) (State)
12		Milal 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11. INd
VR A15ME (5)	24.	FUNERAL DIRECTOR Donally & ADDRESS 250. REGISTRAR 25b. REGISTRAR'S DATE MAR 1 8 1969	
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Ind		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
10		m#13a, FilmG411 4/MEDICAT EXAMINER'S CERTIFICATE OF DEATH	03335
		CEASED-NAME First Middle Last 20. DATE KNOWN Month	Day Year 2b. HOUR
	(1	ype or Printi	31 69 PM
	3. SE	X 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
		M W 1679/03 lost birthdowl MONTHS DAYS HOURS MIN. Manth 3 Day	, Year 69 07 M
		IRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	10.
-		MI England England WIDOWED DIVORCED Anne Aronde	2 CO Mc
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77	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	5elf-Emp.
12		THIS POLICE WHITE AND THE STATE OF THE STATE	Poed
1	14. F	THER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Last
		Ernest McDowell Ada 8	Ranger
		VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
		is, na, ar unknawn) ((ff yes give wor or dates of service) nope Mrs. Christina McDowell (wife)	
		18. CAUSE OF DEATH (Enter only one cause per line for (r), (b), and (c).) PART I, DEATH WAS CAUSED BY:	APPROXIMATI INTERVAL BETWEEN OWET AND DEATH
14	4	IMMEDIATE (AUSE (a)	her
		DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave )	The same of the sa
		rise ta immediate cause (o), (b)	
		last. DUE 10, OR AS A CONSEQUENCE OF	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	(-
	z		
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	RTE		YES NO
		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, It	em 18.)
1	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
		WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK	231016
	3	220. I certify that I took harge of the remains described above, held on Autopsy , Inspection Inquiry	ond in my opinior
		deoth resulted from Nonvol couses A. Accident , Suicide , Homicide . Undetermined monner	
		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED / O
5		EXAMINER'S DEPUTY MEDICAL EXAMINER 3	116/
		NAME (Type)  L. LIN MANAGE (Type)  ADDRESS(Street, city, town, or county)	1110
	23a.	BURIAL (REMATION, REMOVAL (Specify)  REMOVAL (Specify)  ADril 3. 1969 Loudon Park Cemetery  Baltimore Ma	(Caunty) (Stote)
		emation   April 3, 1969 Loudon Park Cemetery   Baltimore, M. Singleton   Singleton   Park Cemetery   Baltimore, M.   250. REGISTRAR   256. REG	aryland SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03336 03341 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death. requires that the deoth certificate be executed within 24 hours ofter death (Type or print) Month Melgaard Mary 1969 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) in by in DAYS Female White 3 July 1884 burial-tronsit permit. Then pleose rektove corbon popers. Pla burial, cremotion, or removol, and in only event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Canada USA WIDOWED TO DIVORCED [ Anne Arundel filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR completely fi give street oddress) during most of working life, even if retired.)
Housewife **INDUSTRY** 423 Ben Oaks Drive Severna Park Own Home 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmissian) STATE 13b. COUNTY Severna ParkYES NO S 423 Ben Oaks Drive 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Hamilton McCann Alicia Vance 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Ben Oaks, Yes, ng, ar unknawn) (If yes give war or dates of service) Mrs. Alicia Melgaard, 216-46-6001 attending parents. The 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF the Conditions, if any, which gove rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detoched for use as the State Dept. of Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while of work 22a. I certify that (I) (this haspital) attended the deceased from the deceased from the deceased alive on the deceased alive on the deceased from the deceased alive on the deceased from the deceased alive on the deceased from the deceased from the deceased alive on the deceased from the deceased fr be retoined directar, page 3 should should be filed with the causes stated abave (1) (we) (did) (drd nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED.
DIRECTOR STAFF DEGREE PHYS 22d. #HYSICIAN'S East Drive, Ba NAME (Type) Dr. Herbert J. Idvickas 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) Cremation Loudon Park Cemeterv Baltimore Md. 5 March 69 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md. 21061 DATE MAR 5 1969 30M REV.

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FOR STATE		03342 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03337
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month De	y Yeor 2b. HOUR
is of of		(ype or Print) LAW ton Berkley Mellichambe DEATH MATED 3 17	X XX D
Pa 3	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
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NER: certif hould iles. shouk	MEDICAL	CAUSE OF DEATH P.M. 19	County Stote
DEPUTY DICAL EXAMINER: cessory, pleose execute the certiful e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremotion,		WHILE AT WORK	21018
ecu Pag for y R: P ial,		22a. I certify that I tack charge of the remains described abave, held an Autapsy, Inspection, Inquiry,	and in my apiniar
bull bull		death resulted from: Notara causes , Accident , Suicide , Homicide , Undetermined manner	
pleose direct direct DIREC		ACTUAL CHIEF MEDICAL EXAMINER	
TY Y, p rral e re AL prio		SIGNATUREM.D. ASSISTANT MEDICAL EXAMINER 220. DATE 310	SNED 69
DEPUTY DICA ressory, pleose e e funeral director may be retained FUNERAL DIRECT		EXAMINER'S NAME (Type)  FLOW GRAPE (VI)  ADDRESS (Street, city, town, or county)	1. (2)
O DEPUTY DICAL E	220		ounty) (Stote)
2 - 2 -	230	REMOVAL (Specify) 3/18/69 Lee CREMATORY WASHINGTON	Dic
	24.	FUNERAL DIRECTOR 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGI	
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MARYLAND STATE DEPARTMENT OF HEALTH

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8	_1		03343	DIVISION OF VI	TAL RECORDS,	301 W. PRE	STON STREE	T, BALTIMO		YLAND 21201	0333	38
ċ	2.5		DECEASED-NAME First		Middle		Last	20	. DATE OF	DEATH		2b. HOUR
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9	in b rs. 2 ha	COL	untry)		COUNTRY:	8. MARRIED WIDOWED						
24	ape n 72	10	Maryland CITY OR TOWN OF DEATH	U.S.A.	OF HOSPITAL OR IN:			_		Arundel Kind of work done	13P KIND OF	Md. F BUSINESS OR
within 24 hours	ond completely filled in by the funerol remove carbon papers. Pages 1 ond 2 n any event, within 72 haurs after death	1	Glen Burnie	give stree	rth Arun	ndel		during mast of ret	warking li	fe, even if relired.)	INDUSTRY	POSINESS OK
1 8 .	car car ent,	13a	n. USUAL RESIDENCE (Where decea missian) STATE	sed lived, if institution: 13b. COUNTY	Residence before	13c. CITY OR TO		INSIDE CITY LIMITS?	13e. STR	EET AND NUMBER		
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exe .	em du	14.	FATHER'S NAME First	Middle	Lost	1S. N	NOTHER'S MAIDE	EN NAME First	1179	Middle		Lost
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<b>ATTENDING PHYSICIAN:</b> The law requires that the death certificate be stoined by the hospital or attending physician.	signed by the attending physician and co buriol-transit permit. Then please remo buriol, cremotion, ar removal, and in any	160	a. WAS DECEASED EVER IN U.S. AR	MED FORCES? 161	2.15-03-32		ORMANT . Irvi		son,	Address 8382 Carr	oll Dri	ve
renti	hen	=	1B. CAUSE OF DEATH (Enter o	alu ana sausa nas lina fi	ns (a) (b) and (c)						APPROX	IMATE INTERVAL
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±	e tra		stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF	MIT	47 1					
ysic	riol			(c)	ma	pro-u	7 - 7 - 0	mla	TION CIVEN	IN DARY 1/ )		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician.	en sig	7	PART 2. OTHER SIGNIFICANT CO	NDILION2 CONTRIBUTING	O DIVAM BUI N	OT RELATED TO T	HE TERMINAL D	IZEAZE OKCONDII	ION GIVEN	IN PAKI I(d)		
wali	been is the rior to	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY	/?		YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
atte	hos se d						YES	NO 🗌	CAUSES	OF DEATH?		
io	ficate for us f Healt						INJURY OCCUR	RED (Enter notu	re of injury	in Port 1 or Port 2,	Item 18.)	
CI Itol	見るま	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. A	Manth Day Yeor	9						
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E de	this etac Deg	1	While Not while of wark	\ OFF	ICE BUILDING, ETC.		1-			1		
± × ×	fter de de de de stote		220. I certify that (I) (th	nis hospital) attend	ed the deceos	ed from	2/5	196	, to	3/8 19	9 6 5, tho	
ND P	d b		sow the deceosed	olive on	/ 8	19.65, and t	hot/in (my)	(our) opinion	deoth o	curred on the d	ote ond hour	ond from the
in i	20 H		causes stated abov	e, (I) (we) (did) (did	d not) view the	body/atter dec	oth.			Lan	2.475 (10.152	,
Tet A	S st ×	,	22b. SIGNATURE	ann ,	to bus	4 MOGREE	ATTENDING	MED. DIRECTO		STAFF	. DATE SIGNED	10
P 9	ege /			www.	ac th	- Charles	11113	_	OR 7	PHYS.	2/9/	0/
ITA	RAL DIRECTOR: After this certificate hos been y page 3 shauld be detached for use as the be filed with the State Dept. of Health prior to		22d. PHYSICIAN'S NAME (Type) Benja	min DeGuzm	an		22e. ADDRES	astern	13	alone,	his	1 21061
0 SP	O FUNERAL DIRECTOR: director, page 3 shault should be filed with the	22	DUDIAL COCMATION 702	DATE	1220 NAME OF	CEMETERY OR CR	CMATORY	220	LOCATIO	N (City ar Tawn)	(County)	(Stote) Md.
e H	Sho	230	o. BURIAL, CREMATION, 23b. REMOVAL (Specify) BURIAL			wridge (		V W	ashir	gton Blv	(County)	ard Co.
54	200	24	BURIAL FUNERAL DIRECTOR	3-12-1969	ADDRESS				ISTINAR 4	35b. REGISTRAR	'S SIGNATURE	
	VR A15 (4) 30M REV. 1/68	4	Howard H. Hubb	ard, 4107			21220	ATE	1. S. U	169	corres ye	udge.

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		03344	DIVISION	OF VITAL RECORDS,	301 W. P				/LAND 21201	033	339
		ECE ASED-NAME First		Middle		Last		a. DATE OF D	DEATH		2b. HOUR
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		Male		White	12/4/3	200	6-11-09		last birthday) 59 YRS.	MONTHS DAYS	HOURS MIN.
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1	10. (	Glen Burnie		11. NAME OF HOSPITAL OR IN give street address) North Arunde			during mast a	f working li	Kind of work dane fe, even if retired.)	INDUSTRY	BUSINESS OR
7	13a. adm	USUAL RESIDENCE (Where deceo issian) STATE Maryland	sed lived, if in 13b, COU	stitution: Residence before	13c. CITY OR Oden	TOWN	13d. INSIDE CITY LIMITS? YES NO		operato: ET AND NUMBER Nevada A		Servic e
1	14.	FATHER'S NAME First	Mic				IDEN NAME First		Middle	VCANC	Last
		WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY	NO. 17. I	NFORMANT			Address	SKIII SKIII	
	(	es, na, ar unknawn) (If yes give yes 19'	war ar dates of serv	212-12-6	170 He	alen A.	Moll -	same :	as #13 abo	ve	MATE INTERVAL
The same of	BW WEST	PART I. DEATH WAS CAUSE IMMEDI  410 9 Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO  DUE TO  (b)  DUE TO	, OR AS A CONSEQUENCE OF	OT RELATED TO	THE TERMINAL	DISEASE OR COND	DITION GIVEN	IN PART 1(a)		
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(	CERTIFICATION			OR WHICH OPERATION WAS PE		20a. AUTO	NO 🗌	CAUSES	OF DEATH?		EKIIFTING
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exam	TH HOUR	ME OF INJURY A.M. Manth Day Year P.M. 1	9			ture of injury	in Part 1 ar Part 2,	Item 18.)	
	W	at wark at wark		URY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		2/1/	10	City o	Town	Caunty	State
		22a. I certify that (N) (the saw the deceased c causes stated above	live an	did) (did-not) view the	19, an	d that in (m	y) (our) opinia	_, ta n death ac	cturred on the do	, that ite ond hour	(I) (we) last and fram the
		22b. SIGNATURE	1	P. Kami	U DEGR		DIREC	TOR	STAFF PHYS.   22c.	DATE SIGNED	68
1		22d. PHYSICIAN'I NAME (Type) Jore	Se B. I	Ramirez, M.D.			Hospita.		re, Glen E	Burnie,	Md.
0		REMOVAL (Specify)	DATE /7/69	23c. NAME OF		crematory	Cem .	Odart	(City ar Tawn)	(Caunty)	(State)
]		WELLEY TO E. Hopp	ing /	Quely ADDRES	Hon	non	2Sa. REC'D BY RE		2Sb. REGISTRAR'S		31119
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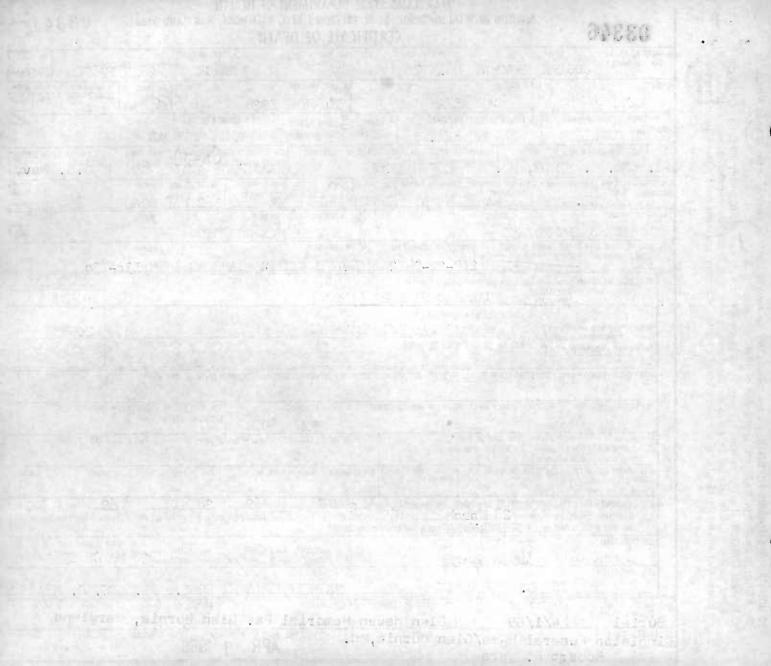
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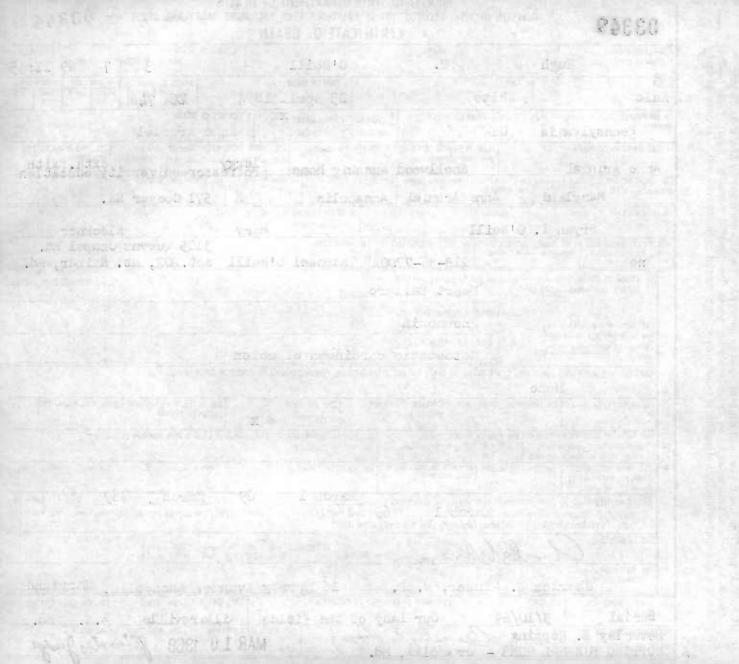
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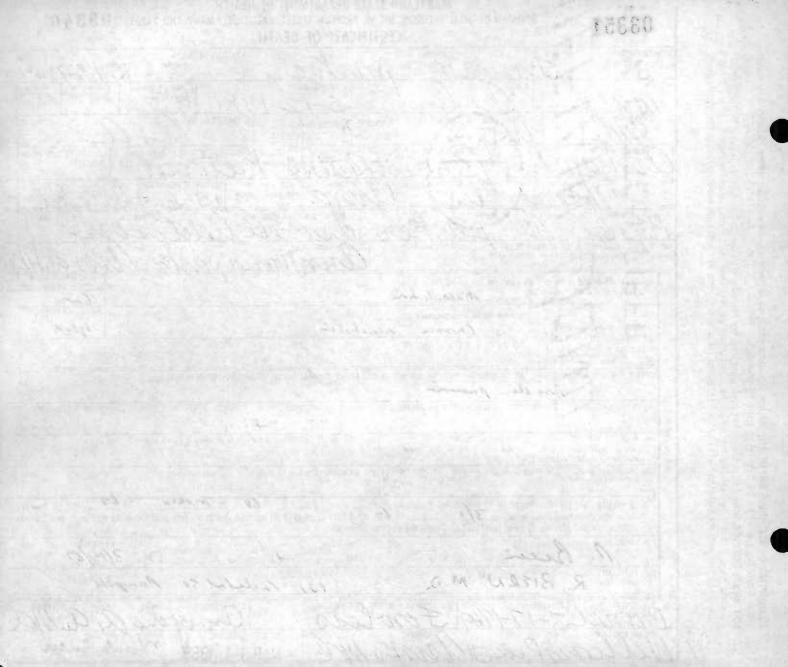


1		03350	DIVISION OF V	ITAL RECORDS,	D STATE D 301 W. PRE CERTIFICA	STON STRI	EET, BALTIM		YLAND 2	1201	0334	45
death	(1)	CEASED-NAME First (pe or print) Harry		Middle (none)		lost DRME		20. DATE OF	ch Month	14 <sup>Doy</sup>	1969	2b. HOUR A.
3	. SE)	Male	4. RACE Whi	te		DATE OF BIR	тн 7, 1903		6. AGE (In ) lost birthd	oy)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
) (	Wa	shington, D.C.	7b. CITIZEN OF WHAT <b>U.S.</b>		8. MARRIED 10 WIDOWED	DIVORC		COUNTY OF	DEATH Arun			Md.
3	An	TY OR TOWN OF DEATH	Annie	e of Hospital or ins et address Arundel	Gen. Hos	pital	during most	OCCUPATION t of working I	(Kind of wo ife, even if I	rk done retired.)	12b. KIND OF INDUSTRY Rea	Estate
20	dmis	JSUAL RESIDENCE (Where deceose sion) Maryland	d lived, if institution	Residence before undel	13c. CITY OR TO	lis	NO NO	□ 670	Ameri		Drive,	Apt. 27
Y L		ATHER'S NAME First HARRY FI		RMe		THA	DEN NAME First		1	Aiddle (	VOOD SO	Lost
		WAS DECEASED EVER IN U.S. ARME is, no, or unknown) (If yes give wat		55. SOCIAL SECURITY N			PME	670 An		ddress DR.	ANNA	POLIS, Mel
2		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT COND	BY: E CAUSE (o)  DUE TO, OR AS (b)  DUE TO, OR AS (c)	A CONSEQUENCE OF	estrue	/ka	office DISEASE OR CON	lure	IN PART 1(c	))		NSET AND DEATH
2	š L	De	alchu ONDITION FOR WHICH	hulles	in	20o. AUTOPS		20b. IF			ONSIDERED IN CE	RTIFYING
	¥.	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (If either, notify medicol exomine	HOUR A.M.	IJURY Month Doy Yeor		INJURY OCCU	RRED (Enter no	oture of injury	in Port 1 o	r Port 2, It	tem 18.)	
		21d. INJURY OCCURRED While Not while of work 22a. I certify that (I) (this		HOME, FARM, STREET, FAC FICE BUILDING, ETC.		TION Street	or R.F.D. No.		or Town	. 19	County	Stote (I) (we) lost
		sow the deceased ali- causes stated above,	ve on		9 ond t	hot in (my) oth.	) (our) apinio	on death o	ccurred or	the dat	e ond hour o	and from the
		22d. PHYSICIAN'S	Mu	C, M,	DEGREE	ATTENDING PHYS.		CTOR 🗆	STAFF PHYS.	22c. D.	ATE SIGNED	5
/		NAME (Type) Richard			CLARITING OF CO.	121 (	Cathedr					(5)
L	B	BURIAL, CREMATION, REMOVAL (Specify) 3/	17/69	HI/IC ADDRESS	2-4-0	metery	ZSo. REC'D BY F	REGISTRAR	POLIS 2Sb. RE	GISJRAR'S S	(County)	(Stote)
N/	40	redesty Fuxeral 1	Home, A	UNAPOLIS	, Md		DATE AR 1	9 195	9 00	Line	an Joed	se.

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	1		03351	DIVISION OF VITAL RECORD			ORE, MARYLAND 21201	03346
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	Ar		21a. ACCIDENT WAS UNDE	RLYING 21b. TIME OF INJURY	21c. HOW		oture of injury in Port 1 or Port 2,	Item 18.)
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	by Affer Star Star		22a. I certify that (I)	(this hospital) attended the dece	ased from	, 19.68	_, to MARCH , 19.	ムフ , that (I) (we) last
	R: /		causes stated of	ed alive on3/ / bave, (I) (we) (did) (did not) view th	ne body after dec	nat in (my) (our) apinio ath.	on death occurred on the do	te and hour and from the
	Short High		22b. SIGNATURE	1			22c.	DATE SIGNED
	OR ATTENDIN be retained by DIRECTOR: Afte je 3 shauld be ed with the Sta	5 11	12. 6	ren	DEGREE	ATTENDING MED. PHYS. DIRE	CTOR STAFF	3/14/69
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				ID STATE DEPARTMENT OF		
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	1 05					03347
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be executed within 24 hours after death and completely filled in by the funeral a remove corbon popers. Priges 1 and 2 in ony event within 72 hours after deoth	13a. admi	USUAL RESIDENCE (Where deceose ssion) STATE	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CI	TY LIMITS? 13e. STREET AND NUMBER	
and co	14. F	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAM	E First Middle	Lost
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fetained by the hospital or attending physician.  CTOR: After this certificate has been signed by the ottending physician and completely filled in shauld be detached for use as the burial-transit permit. Then please remove carbon papers shauld be detached for use burial, cremation, or remaval, and in any event, within 72 in the State Dept. of Health prior to burial, cremation, or remaval, and in any event.		WAS DECEASED EVER IN U.S. ARM es, no, or unknown)	ED FORCES? ar or dates of service)  220-22-0	NO. 17. INEGRMANT	Plaza Menoe	Nue. Home
cerring p			y ane cause per line for (a), (b), and (c	))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oth ndin iit.	0	PART I. DEATH WAS CAUSED	BY: TE CAUSE (a) CORENCE	u Oceluses	en)	Sev - Mauro
offer on, c		4109	DUE TO, OR AS A CONSEQUENCE OF	7		
the he ratio		Canditions, if any, which gave)	10 Denerale	ned attens	chesce	unkneun
thot In. by 1 ons		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	. 0	, , , , (	5
sicic ed ed ol-tr		last.	(1) GReles	sy Gland	Mal Severe	
aquii phy sign buri		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE (	DR CONDITION GIVEN IN PART 1(a)	
ing ing	N.					
s be as to rior	CERTIFICATION	19a. DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
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pité priffi of f	MEDICAL	(If either, notify medical examin	er) P.M.	10		
Poge 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.		21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	Caunty State
ING by t ffter be o		22a. I certify that (I) (thi	s haspital) attended the deceas	sed from // - /9 , 19	166, to 2/28, 19	69, that (1) (we) last
END ed led led lhe S		saw the deceased al	ive an 2/28/ , (I) (we) (did) (did nat) view the	hady after death	opinian death accurred on the d	ate and hour and tram the
To in the share that	190	22b. SIGNATURE	, (i) (we) (aid) (aid lidi) view life		220	DATE/SIGNED
OR G w		Kachard B	1. Hent	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 9	14/69
O HOSPITAL OR ATTEN Poge 4 may be retoined O FUNERAL DIRECTOR: director, poge 3 shauld Should be filed with the	13	22d. PHYSICIAN'S NAME (Type)	10 200 11 11 11 11 11 11 11 11 11 11 11 11 1	22e. ADDRESS	1. 90	Anna Maril
NER.	05	100	1010 H. 1400	100000	my Law Kenk	none pur
D HC Soge Jener	230.	BURIAL, CREMATION, 23b. I	DATE 234. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
170	24	FUNERAL DIRECTOR	ADDRES	S 2Sa. REC	D BY REGISTRAR 2Sb. REGISTRAR	SSIGNATURE
30M REV 168	K	shert L. Si	nerviden Kock	coelle Md. DATE	MAR 1 0 1969 8	Marles Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03348 1. DECEASED-NAME First 20. DATE OF DEATH Lost 2b. HOUR requires that the death certificate be executed within 24 haurs ofter death pag (Type or print) March 2 Month 1969 Doy Joseph Henry PEDDICORD 12:30Am 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE (In years lest birthdoy) Caucasian Male January 7. 1913 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIEDOTO NEVER MARRIED country) Maryland U. S. A. WIDOWED [7] DIVORCED | Anne Arundel completely filled 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Anne Arundel General Hosp duisewer Plant operator Annapolis 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) r Jana Anne Arunde 1 YES NO Annapolis 176 Acton Road burial, cremation, or removol, and in any 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First First Louis Henry Peddicord Blizabeth Sarah Greenwell physician 16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 217-07-8001 Ruth L. Peddicord - same as #13 above 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac arrest (standstill) 45 minutes IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF (b) Heart failure Conditions, if ony, which gove ) 33 months signed by the burial-tronsit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF many years stoting the underlying couse Arteriosclerotid coronary heart disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Hypertension, Obesity, Chronic bronchitis, Varicose veins, (Psoriasis) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? Feb 19,1969 Cardiac catheterization YES 🗀 NO 3000 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (1) (this hereitel) attended the deceased from June 18, 1966, to March 22, 1969, that (1) (see) last saw the deceased alive on March 22, 1969, and that in (my) (1992) opinion death occurred on the date and hour and from the couses stoted obove, (1) charact (did) adiabact wiew the body after death. 22c. DATE SIGNED 22b. SIGNATURE March 22. 1969 DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Charles W. Kinzer, M. D 16 Murray Ave., Annapolis, Md. 21401 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) Bur 121 (Specify) Hillcrest Cemetery Annanolis 24. FUNERAL DIRECTOR E. Hopping 2So. REC'D BY REGISTRAR 1969 4 HOPPING FUNERAL HOME - Annapolis Md

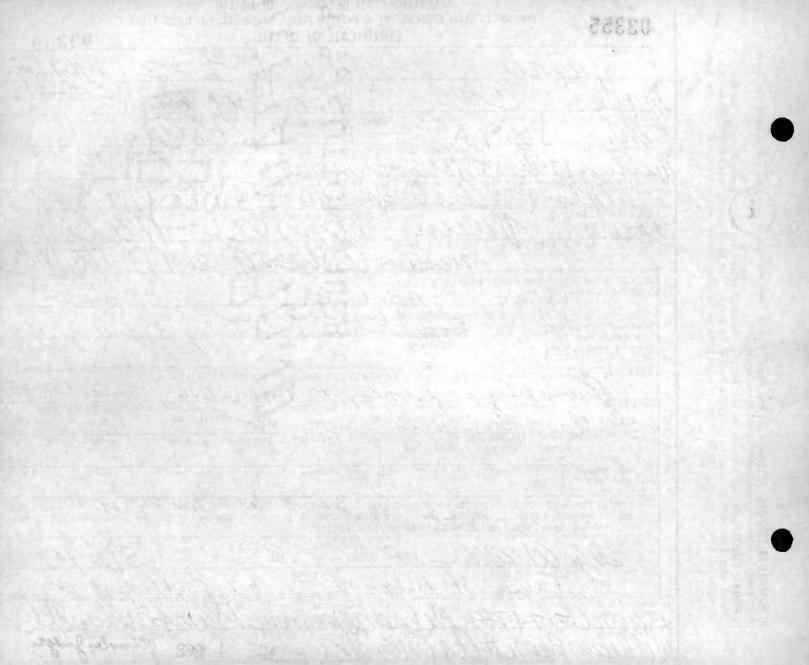
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Lem Lem	14.	FATHER'S NAME First	2 Middle D Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
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physicion en please	100	WAS DECEASED EVER IN U.S. ARMI Yes, no, or unknown) (If yes give wa	r or dates of service)	707V KALL	Address	- Plane
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rsic ospij certi hed t. of	MEDICAL	(If either, notify medical examine 21d, INJURY OCCURRED 21e, F		ACTORY 1 214 LOCATION Street or P.E.D. No.	o. City or Town	County State
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TATION TO IN THE PROPERTY OF T		224 SIMONRE	(I) (we) (did) (did not) view the	body offer deoffi.		2c. DATE SIGNED
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De Se	23a	BURIAL FREMATION 23b. D. REMOVAL (Specify)	ATE / / G 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City ar Town)	20- (Caunty) (State)
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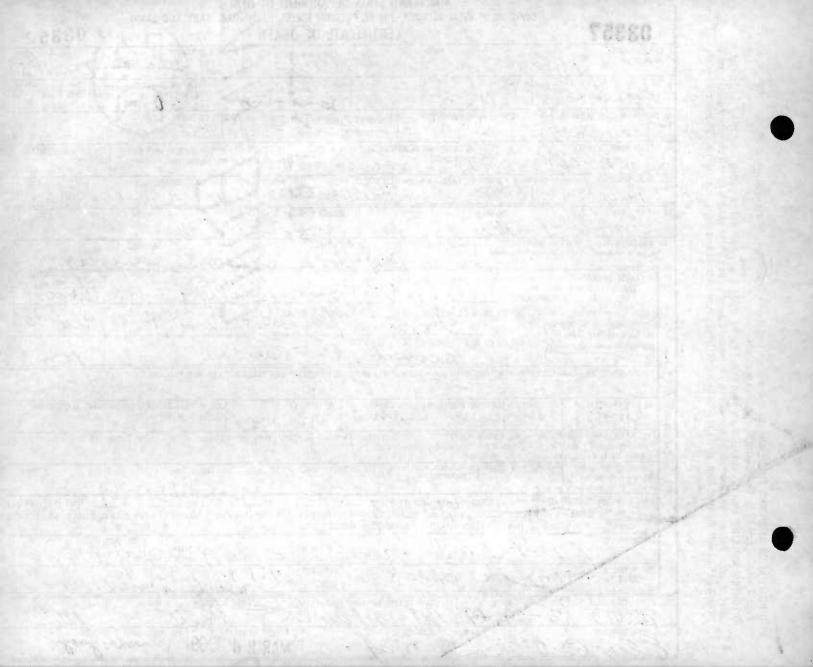
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			MARYLAND STATE DEPARTMENT OF HEALTH	
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AL OR ATTENDIN y be retained by L DIRECTOR: After age 3 shauld be filed with the Sta		22b. SIGNATURE	DEGREE PHYS DIRECTOR D	STAFF 220 DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	230.	BURIAL, CREMATION, 23b. DA	TE 234 NAME OF CEMETERY OR CREMATORY 1 23d TO ATION	(City or Town) (County) (Sajor)
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	24	FUNERAL DIRECTOR	ADDRESS 250. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
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1			ND STATE DEPARTMENT OF		
1	03357	DIAISION OF ALL RECORDS	5, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		03352
	1. DECEASED-NAME (Type or print)	Middle RY	BUINCE	20. DATE OF DEATH	2b. HOUR // 35 M
	FEMALE	4. RACE NEGRO	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	70. BIRTHPLACE (Stote or foreign country)  MARY CAND	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH.  Anne Aruno.	E C MA
1	OLEN DURN'	give street oddress)	VESCENT CTR during	UAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
0	30. USUAL RESIDENCE (Where decea odmission) STATE ARCHAND	sed lived, if institution: Residence before 135. COUNTY	13c CITY OR TOWN 13d. INSIDE CITY	THE STREET THIS TRUMBER	ON AVE.
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	160. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (If yes give v	MED FORCES?  varier dates of service)  16b. SOCIAL SECURITY  2/2-14-4	NO. 17. INFORMANT PF 29 Folge UL	elson Sus	ul
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	210. ACCIDENT WAS UNDERLYIN    OR CONTRIBUTING   CAUSE OF DEAL	H HOUR A.M. Month Doy Yeor	YES NO E	CAUSES OF DEATH?  Ter noture of injury in Port 1 or Port 2, It	em 18.)
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	22b. SIGNATURE  22d. PHYSICIAN'S	Afaul "	DEGREE PHYS.  22e. ADDRESS 42	MED. DIRECTOR PHYS. 9	ate signed
2	NAME (Type) 7 7 7 7 30. BURIAL, CREMATION, 23b.	DATE 123C NAME OF	CEMETERS OR EXEMATORY	See Shiteline Au Coles Surio So 23d. LOCATION (City, or Town)	21061 (County) ( (Stote)
	REMOVAL (Specify) 3  24. FUNERAL DIRECTOR	-29 69 Pat	whow let	BY REGISTRAR 2Sb., REGISTRAR'S S	mel
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÷ _ ~ ÷			3359 Middle	Last	2a. DATE		2b. HOUR
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offer and a state of the state	3. SI		4. RACE	5. DATE OF BIR	RTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
s of the s		Female	White	Sept.	16, 1875	last birthday) YRS.	MONTHS DAYS HOURS MIN.
	7a.	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARK	9. COUNTY	OF DEATH	
d in d in 72 j	cau	la.	U.S.A	WIDOWED DIVOR	CED   HINN	E HEUND	EL Md.
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physician physician on please		es, na, di enknawn) (If yes give wo	ED FORCES? or or dates of service)	NO.   IV. INFORMANT -	R. Dobbius f	7+3 ANNAS	whis , MD.
cer The P		18. CAUSE OF DEATH (Enter anl	γ ane cause per line far (a), (b), and (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death ce attending permit. Th an, ar remo	13	PART I. DEATH WAS CAUSED	BY: TE CAUSE (a) Pneumonia				
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t the sit p		Canditians, if any, which gave ) rise to immediate cause (a),	(b) Inanition,	progressive	2 years		
tha an. by ran		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			Name of the last	
aquires that t physician. signed by the burial-transit burial, cremat		last.	(d) Carcinomat				
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: The law ratending e has been use as the	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE		CALL	IF YES, WERE FINDINGS CO SES OF DEATH?	ONSIDERED IN CERTIFYING
E pe at	ERTIF	21a. ACCIDENT WAS UNDERLYING	C TOSE THAT OF BUILDY	YES T	NO [		10.303
ICIAN oital o tificat d far af Hec	MEDICAL C	or contributing cause of Death (If either, notify medical examin	HOUR A.M. Manth Day Year		JRRED (Enter nature af in	njury in Part I ar Part 2,	Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Page shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 fours	ME		PLACE OF INJURY ( AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street	ar R.F.D. Na. C	ity ar Tawn	Caunty State
by the free peed by the peed beed state		22a. I certify that (I) (thi	s haspital) attended the deceas	ed from Feb. 20	), 19 <u>.66_</u> , ta_	Mar. 9, 19	69 , that (I) (we) last
OR ATTENDINI be retained by JIRECTOR: After e 3 shauld be ed with the Stat		saw the deceased al	(I) (we) (did) (did nat) view the	19 <u>02</u> , and that in (my bady after death.	) (aur) apinian deat	n accurred an the da	te and haur and fram the
# 5 F # #		22b. SIGNATURE	0111		0 \$ / MED		DATE SIGNED
OR DIRE			rails/V/m	DEGREE PHYS.		STAFF (	MARCH 69
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) Charle	es W. Kinzer, M.	D. 22e. ADDR	RESS Murray Ave.		s, Md. 21401
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3. SI	Female		4. RACE	Vhite		S. DATE OF BIRTH March 17,		6. AGE (In y last birthd	years ay)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS.
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	FATHER'S NAME	First	Middle	Last		MOTHER'S MAIDEN NAME			Middle		Last
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	es, no, or unknown)		ED FORCES? or or dates of service)	6b. SOCIAL SECURITY  Newborn		FORMANT Hospi	tal re		ddress		MATE INTERVAL
7	Canditions, if any, v rise ta immediate stating the <u>underly</u> <u>last.</u> PART 2. OTHER SIGN	ring cause	(c)	A CONSEQUENCE OF		THE TERMINAL DISEASE O	R CONDITION	GIVEN IN PART 1(c	1)		
RTIFICATION	190. DATE OF OPERAT		ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO		Ob. IF YES, WERE FI AUSES OF DEATH?	INDINGS CO	ONSIDERED IN CE	RTIFYING
MEDICAL CERT	21a. ACCIDENT WAS  DR CONTRIBUTING  (If either, natify me	CAUSE OF DEATH	HOUR A.M. P.M.	Month Day Year	9	W INJURY OCCURRED (Er		injury in Part 1 a	r Part 2, II	tem 18.)	
	21d. INJURY OCCURI While Not while at wark at wark				24.00	ATION Street ar R.F.D. I		City ar Tawn		Caunty	State
	22b. SIGNATORE	ed obove,	(I) (2000) (q)	ded the deceased in the deceas	bady after d		MED. DIRECTOR	ith occurred or	22c. D	te ond hour	
23a.	22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify)	-	an S. Rol	oinson, M		22e. ADDRESS Hahn Pro:	fBldg.		a Par		(State)
24!	PUNERAL DIRECTOR	Bar	121/69 can w	ADDRESS	na b	Ph DATE MA	BY REGISTRA R 2 4	100		SIGNATURE	Me

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	3. S		4. RACE		S. DATE OF E	BIRTH	6. AGE (In years	IF UNDER I YEAR   IF UNDER 24 HRS.
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ond nond nond lin ar	14.	Walter		Robbins	15. MOTHER 5 M	.43		
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equires that the death cextificate be execply sitian. Signed by the ottending physician and coburiol-transit permit. Then please remoburiol, cremotion, or removal, and in any	1	(or no ar unknown)   (If yes give	wor or dates of service)	219-16-2		etty S. Ro	bbins - same	as #13 above
mov mov		18 CAUSE OF DEATH (Enter of	only one cause per line	- 1	27-1	2003 04 100	COLITS - Senic	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ath iit.		PART I. DEATH WAS CAUS	ED BY: DIATE CAUSE (a)		Moradia	Quelas	e freu	2 64
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Shoc ith 1		22b. SIGNATURE	1 diapla	a nory view inc b			The same of the sa	22c. DATE SIGNED
OR De re de		Jole	July3d	lun-	DEGREE PHYS.	DING MED.	R PHYS.	3/22/69
IAL D		22d. PHYSICIAN'S			22e. AD	DDRESS		
SPIT VER VOF,		NAME (Type)					***	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to	230		. DATE		EMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
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hour hour		BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED		DEATH	
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within policy		Annapolis	11. NAME OF HOSPITAL OR INST	Manor Nurs	2a. USUAL OCCUPATION Juring most of working	(Kind of work done It life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crease.		22a. I certify that(1))(th	is haspital) attended the deceased live an 19 e(1) (we) (did) (did) not view the bo	from (a) (a) (a) (a) (a) (a) (a) (a) (b) (a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	., 19 <b>66</b> , ta iur) apinian death	3/2 9, 1960 accurred an the date a	, that (I) (we) last nd haur and fram the
OR De re		22b. SIGNATURE OLLO	rd & Dels	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.   22c. DATE	\$150 / S \$29/69
TO HOSPITAL Page 4 may b TO FUNERAL D director, poges		NAME (Type) Edwa	rd S. Beck MD	22e. ADDRESS 73	Franklin		, Md.
HO Uge	230.	BURIAL, CREMATION, 23b.		METERY OR CREMATORY		, ,	ounty) (Stote)
5 5 5 °	B		ril/1, 69Glen Ha	aven Mem. Pa	rk Glenbu	rnie Anne	Arundel, Md.
VR A15 (4) 45M - 1 00		eall Funeral	Home 1212 West	Anna., 25d.	APR 3 19	25b. REGISTRAR'S SIGN	

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		03363 DIVISION OF			ON STREET, BALTIMORE, MA		
FOR STATE			MEDIC		CERTIFICATE OF DEAT		03358
HEALTH DEPT.		CEASED-NAME First	//	Middle	Lost	20. DATE KNOWN Month	
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ny deloy is 2, and 3 to PM3. Poge	3. \$1	A. RACE 9.	1/8	119 last birthday	IF UNDER 1 YEAR OF UNDER 24 HB MONTHS DAYS HOURS N (RS. 2	S. 2c. DATE PRONOUNCED DEAD Month Day	9 Yeor 49 2d. HOUR
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offer death  8. Give Poges olong with for with the tote eath.		TY OR TOWN OF DEATH	aivo e	AME OF HOSPITAL OR INSTITUT	ION (If not in hospital 120. USUA	L OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR
fer de Give ong the	4	USUAL RESIDENCE (Where deceased liv		A- NORTH AR		7 13e. STREET AND NUMBER	
	0	mission) STATE M. D 13	b. COUNTY	A.A.Co de	Burnie YES NO [	1 4-10 Arbor	Drive
INER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Item 1s should be forwarded to the Chief Medical Examiner's Office files.  3 should be used as a buriol-transit permit. File pages I and 2 otian, or removal, and in any event within 72 hours after d	14. F	Ther's NAME First	Middle			irst ette Middle	ucket
hin 24 ncil in niner's pages hours		AS DECEASED EVER IN U.S. ARMED FORCE		16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS .	0
within n pencil Examine File page 72 hou	(1	s, no, or unknown) (If yes give wer or	dates of service)	None	Jeannette 1	Pucker (mother)	Jame As 12-
should be executed with word "pending" in perthe Chief Medical Exarunial-tronsit permit. File in ony event within 72		18. CAUSE OF DEATH (Enter only one	e couse per li	ine for (o), (b), ond (c).)			APPROXIMATE INTERVAL BETYPEEN ONSET AND DEATH
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ER: This certificate, ould be fees.		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b. TIME OF HOUR A.	INJURY Month, Doy, Yeor M.	21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 1B.)
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0		FUNERAL DIRECTOR	1 5	ngleton fur	Home So. RECO BY	REGISTRAR 256 256 REGISTRAR	SACHATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

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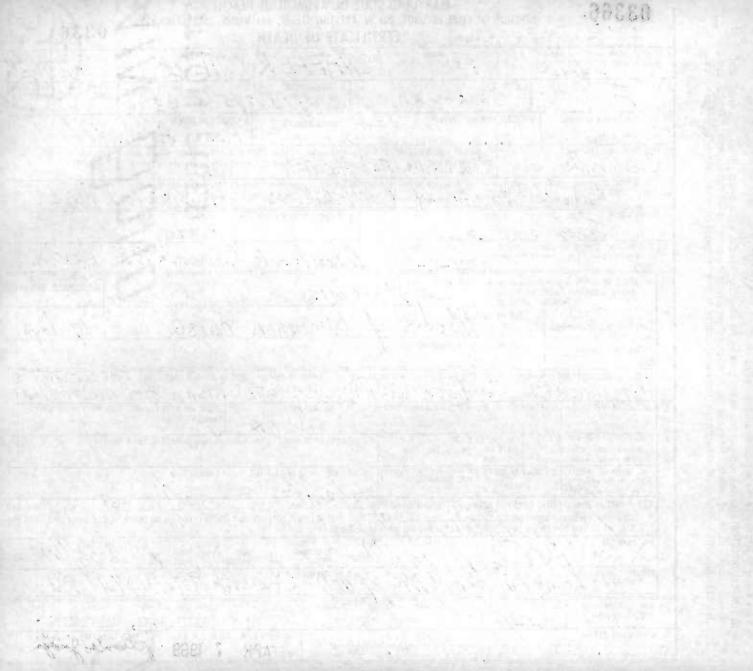
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03364 CERTIFICATE OF DEATH 03359 DECEASED-NAME First Lost 2g. DATE OF DEATH 2b. HOUR (Type or print) 18 Year 6912:30a Schoener Henry 3 SEX 4. RACE S. DATE OF BIRTH after 6. AGE (In years IE UNDER 1 YEAR last birthday) 5/6/9 MONTHS Caucasian Male ottending physician and completely filled in by the sermit. Then please reprove carban papers. Per on, or removal, and in any event, within 72 hours executed within 24 haurs 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. amelical city DIVORCED [ WIDOWED [ 12a. USUAL OCCUPATION (Kind of wark dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY during most of working life even if retired.) Crownsville Md. State Hosp. Retired 13a. USUAL RESIDENCE (Where deceased Wed, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER odmission) STATE Maryland 13b COUNTY YES -422 S. Oldham St. # 21224. NO Baltimore 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Maxmillian Schoener unknown and colors requires that the deoth certificate 16b. SOCIAL SECURITY NO. 215-09-4566 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, na, or unknown) I (If yes give war or dates of service) buriol, cremation, or removal, Crownsville State Hospital Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. Cerbral haemorrhage IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any which gove ) Chronic brain syndrome due to arteriosclerosis rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse (d) Possible pneumonia (Hypostatic) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The low Poge 4 may be retained by the hospital or ottendin CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram—saw the deceased alive an—3/18—1969—, and ased fram\_\_\_\_\_2/28\_\_\_\_, 19\_69\_, ta\_\_\_\_3/18\_\_\_, 19\_69\_\_, that (1) (we) last \_169\_\_, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 3/18/69 ATTENDING DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles R. Venter, M. D. Crownsville State Hospital, Maryland NAME OF CEMETERY OR CREMATORY
Sacred Heart Cemetery 4701 German Hill Rd., Ba.Co., 1 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify 3-21-69 6224 Bastern Ave. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Balto., 21224, Md. Thoules Judge 1969

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0	nit. The or rema		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	y one couse per line for (o), (b), and (c) BY: IE CAUSE (o)	ticemia.		APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
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TO HO Page TO FUN	shoul			-1-69 HO		23d. LOCATION (City or Town)  BALTIMORE,	(County) (State) MARYLAND
V 45	R A15 (4) M - 1/69		FUNERAL DIRECTOR  EORGE J. GONCE	ADDRESS 1,001 RITCHIE HGW		(100)	SIGNATURE Junga



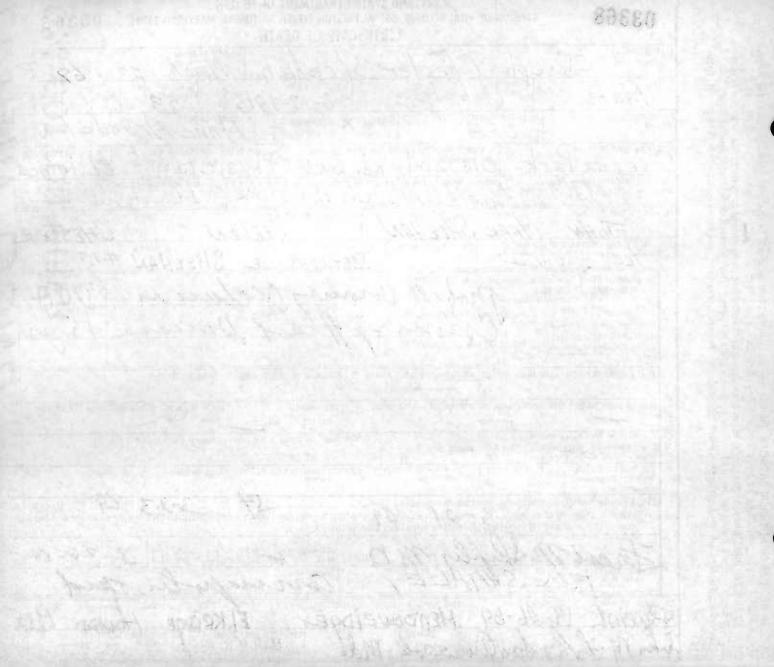
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director, page 3 should be considered with the State		22b. SIGNATURE	lefelows	DEGREE ATTENDIN PHYS.	DIRECTOR	STAFF C	March 1969
tar, pa			FORNES LCDR MC USN		AL HOSPITA	AL, ANNAPOLIS,	
Shou	V	BURIAL, CREMATION, 23b. REMOVAL (Specify)  FUNERAL DIRECTOR	DATE 23c. NAME OF 23c. NAME OF ADDRESS	CEMETERY OR CREMATORY	14	JOCATION (City or Town)  WINI POLIS STRAR AS ASB. REGISTRAR'S	(Coupty) (Stote)
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Mary Carlot Street

	MARYLAND STATE D	EPARTMENT OF HEALTH
15	03368 DIVISION OF VITAL RECORDS, 301 W. PRE	STON STREET, BALTIMORE, MARYLAND 21201 03363
17	CERTIFICA	TE OF DEATH
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er death. funeral 1 and 2 er death.	(Type or print) Joseph Chester Sh	reehan Marchith 2003 14eor 6 PM
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certificate b g physician Then please maval, and i	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no of junknown) (If yes, give year sentence of service) 17. INFO	. 011
ertif phy ien ava		NOHADINE SIVEEHAN
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req g pl n si e bu	TAKE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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v by	1272 PHYSICIAN'S 1 - COLL OF F	PHYS. DIRECTOR PHYS. 1
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21			301 W PRESTON STREET	OF HEALTH BALTIMORE, MARYLAND 21201	
	03370		CERTIFICATE OF DEA		03365
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that the d an. by the att transit per	Conditions, if ony, which go	DUE TO, OR AS A CONSEQUENCE OF			
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s th cian d by l-tra , cre	stoting the underlying cou				
equires that the death ce physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem		(c)CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	E OPCONDITION GIVEN IN PART 1/a)	
req ng p an si te b	AND RESIDENCE OF THE PARTY OF T	continue south of the south	THE TERMINAL DISEAS	E ORCONOMION ONEN IN TAKE 1(0)	
IAN: The law rectal or attending prince has been sfar use as the bridge in the bridge in the bridge is the bridge in the bridge is the bridge	190. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS PER	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The affe has se of the plant	STIFIC		YES 🔀	NO CAUSES OF DEATH?	S
ICIAN: The pital ar at prificate had far use af Health			21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2, 1	tem 18.)
SICL spito ed f	(If either, notify medical ex	ominer) P.M. 19			
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhauld be filled with the State Dept. af Health priar ta burial, cre	21d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.	D. No. City or Town	County State
OR ATTENDING De retained by the URECTOR: After the 3 should be de	22o. I certify that (*)	(this haspital) attended the decease	d from 26 FEB	19 69 , to 12 MAR 19	69 , that (1) ( lost
END ned R: A uld he S	sow the deceosed	al alive on	969, and that in (my) (	apinion death occurred on the dot	te and hour ond from the
ATT ATT Stair Shall shal	22b. SIGNATURE	O (ii) Wie (did) (did) (did) Vie V Mey	1/200	22c. 0	DATE SIGNED
OR De ra	Ta	uis Ch & Soll	DEGREE PHYS.		12 MAR 69
	22d. PHYSICIAN'S		22e. ADDRESS		
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill	NAME (Type)				t. Meade, Md.
HO age FUI FUI	REMOVAL (Specify)	0 1 - 1 - 1 0 1	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5	24. FUNERAL DIRECTOR	ADDRESS	Johns	Ellicotteita	Howard Md.
VR A15 VAUS 45M - V39	Higinbethon-Six	K Ellicott lity 12	DATE	R 1 8 1969 256 PEGISTRAYS	as Judge.

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1			D STATE DEPARTMENT OF		
	03371	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEATH	The state of the s	03366
1.	DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HDUR A
	(Type or print)	Bullin	SIMMONS	March Month	14 <sup>Doy</sup> 1969 2:25 M
3.	SEX	4. RACE	5. DATE OF BIRTH	11 .00 0	
	Female	White	August 12,	l last birth	doy) MONTHS DAYS HOURS MIN.
	. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
(0	Maryland	U.S.A	WIDOWED DIVORCED	Anne Arun	idel County Md.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120. U	ISUAL OCCUPATION (Kind of we	ork done 12h KIND OF BUSINESS OR
1	Annapolis	give street oddress) Anne Arunde	el General	most of working life, even it	retired.) INDUSTRY
13	o. USUAL RESIDENCE (Where deceose	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE H	1001011112111112111	JMBER
00	mission) STATE Maryland	Anne Arundel	Annapolis YES	NO ☐ 521 Hor	n Point Drive
14	. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAM	E First	Middle Lost
L	WihhiAM W	PALLACE DULLE	U		HEE
16	o. WAS DECEASED EVER IN U.S. ARM Yes, no, or Inknown) (II yes give w	NED FORCES? 16b. SOCIAL SECURITY I		, CAPE St.C	MINSTIRE
	NO -		MARY H. RUSSEL	h ANNAP	olis, MD-
	18. CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b), and (c).  BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIA	ITE CAUSE (0) CEREBRA	1 HROMBO	2/2	a 4 Hours.
	4259	DUE TO, OR AS A CONSEQUENCE OF	1 -		10:151.05
	Conditions, if ony, which gove rise to immediate couse (a),	(b) HEIERIOS	SCIEROSIS G	ENERGY IZE	o loghtes
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	lost.	(c)			
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE (	OR CONDITION GIVEN IN PART 1	(0)
NO.	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	DISPITS	FINDINGS CONSIDERED IN CERTIFYING
FICAT	170. DATE OF OPERATION 170.	CONDITION FOR WHICH OPERATION WAS PE		CALICEC OF DEATHS	
CEPTIFICATION	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	YES NO  21c. HOW INJURY OCCURRED (E	nter nature of injury in Port I	or Port 2 Item 181
		HOUR A.M. Month Doy Year	·	and notone of injury in Polici	or ron z, dem to.j
MEDICAL	(If either, notify medical examination 21d. INJURY OCCURRED 21e.			No. City or Town	County State
	While Not while of work	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D.		county store
	OI WORK OT WORK	s hospital) attended the decease	ed from APRIL 19	100 to 14 maz	2, 1969, that (1) (we) last
	saw the deceased al	ive an 13 mass 1	969 and that in (my) (our)	opinion deoth occurred o	on the date and haur and from the
	causes stated abave	(We) (did) (did not) view the	bady after death.		
	22b. SIGNATURI	0000	ATTENDING	MED. STAFF	22c. DATE SIGNED
	- Ollear	asklee!	DEGREE PHYS.	DIRECTOR L PHYS. L	17/67.
	22d. PHYSICIAN'S NAME (Type) F dwg	ard S. Beck, M. D.	22e. ADDRESS 73 Fra	nklin Street.	Annapolis, Maryland.
00	Zowe		CEMETERY OR CREMATORY		
23	o. BURIAL, CREMATION, 23b C REMOVAL (Specify) 23b C	-17-19 23C. NAME OF	CEMETERY OR CREMATURY	23d. LDCATION (City or T	own) $\Omega^{(County)}$ $M^{(Stote)}$
3/	EUNERAL DIRECTOR	ADDRESS	2So REC	D-BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
	John M. Fythot x	tous (trucpoli 9	Md. DATE	K 1 7 1969	Charles Judge
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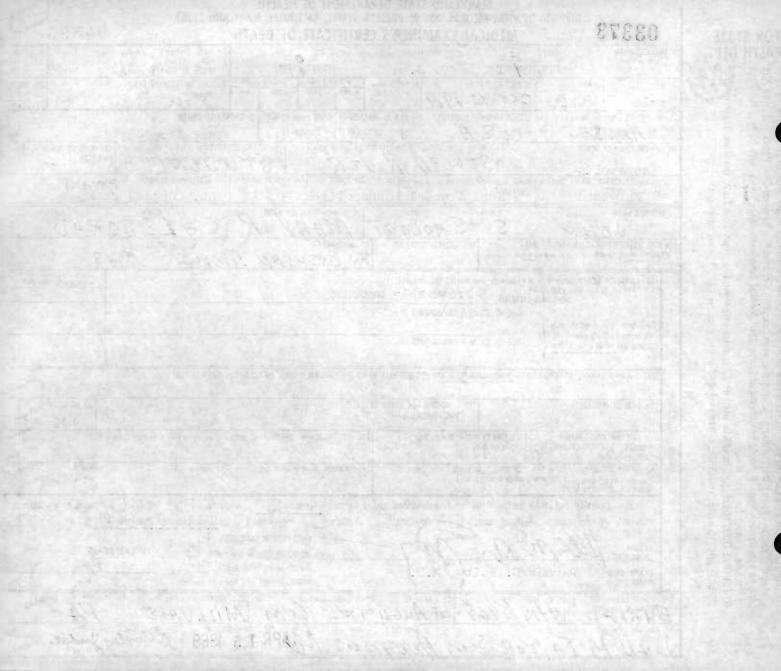
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04893 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Dov Year 2b. HOUR (Type or Print) OF ESTI-Page CONSTONT 3/28/ J. SKOLKUT 1969 DEATH MATED X AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 4 RACE 3 SEX S. DATE OF BIRTH HOUR 45 PM3. OCT 10 Year 49 YRS white male 1969 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH with farm WIDOWED [ DIVORCED Anne Arundel Give Pages the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR **INDUSTRY** Annapolis death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER FRIARY 13b. COUNTY ne Arundel odmission STATand YES 🗍 NO tem-te Annapolis St. Conrads Treary haurs after ong 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME KOLOU 24 in 1 the Chief Medical Examiner's haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within (Yes, no. or unknown) (If yes give war or dates of service) File 72 APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Presumably Drowned pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a) certificate should should be farwarded to the Ch DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 9 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate. YES X pe 10 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Ng. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy XI. Inspection Inquiry ond in my opinion the funeral director. deoth resulted from: Suicide Undetermined manner X Notural couses -- Accident Homicide Health priar ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 4/12/69 Spitz, **EXAMINER'S** Werner may NAME (Type) ADDRESS(Street, city, town, or county) 0 BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



03375DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03369 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME First Last 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-Page. MOB7 AM F5:tellA DEATH MATED delay and 3 4. RACE IF UNDER 24 HRS 3. SEX AGE (In years last birthday) S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR HOURS PM3 Day Year 5-7-00 YRS Depart 70. BIRTHPLACE (Stote or foreign MARRIED | NEVER MARRIED | 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? farm Give Pages 1, ANNE. ARUNCEL WIDOWED DIVORCED [ with the State death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address ULNIC M-NOK gug CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13) Rol odmission) STATE 13b. COUNT MBETH ten 18 95AD57VX and 2 after 14. FATHER'S NAME Last MOTHER'S MAIDEN NAME First Middle .⊆ haurs pages the Chief Medical Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** be executed within in pencil (Yes, na, or unknown) (if yes give war or dates of service) File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gove rise to immediate cause (a), This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) 0 farwarded removal. CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES | pe shauld be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian, P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County State factory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page NOT WHILE AT WORK AT WORK burial, 22a. I certify than took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian director. death resulted Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health ADDRESS(Street, city, town, or county) NAME (Type) 50 BURIAL CREMATION. NAME OF CEMETERY OR (REMAJOR) 23d LOCATION (City or Town) 23b. (Stote) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR ADDRESS 2Sb REGISTRAR'S VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03371 2b. HOUR DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) MARCH Month 5 signed by the attending physiciae and completely filled in by the funeral burial-transit permit. Then please remove carban popers. Poges of and burial, cremotion, or remavol, and in any event, within 72 haurs after deal RAYMOND SROCK 3:30°M 3. SEX 4. RACE S. DATE OF BIRTH requires that the death certificate be executed within 24 hours after 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS MALE 30 AUG 1913 WHITE YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED Penna. Anne Arundel USA WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address).
U.S. Kimbrough Army Hosp during most of warking life, even if retired.)
Serviceman Ret d INDUSTRY U.S.Army Ft Geo G.Meade 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland Anne Arundel Rt #3. NO X Box/164 Severn 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Srock Cathryn Jacob Johnson 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes, no, or unknown)

Yes

1941–1961 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknawn) Yes same as 13e Violet Srock (wife) 130-01-3378 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATI PART I. DEATH WAS CAUSED BY: Ventricular Fibrillation l hour IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) (b) Arteriosclerstric Heart Disease 20 years rise to immediate cause (a), TO HOSPITAL OR ATTENDING FITTSICIANS THE Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transfer and approximately or the state of the state DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes NO T YES X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City ar Tawn State County While Nat while at wark 22a. I certify that (this haspital) attended the deceased from 5 Mar 1969, ta 5 Mar 1969, that (this haspital) attended the deceased from 5 Mar 1969, and/that in (78%) (aur) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (didnos) when the hady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF X 5 March 1969 DEGREE PHYS DIRECTOR ADDRESS KIMBROUGH ARMY HOSP, FT MEADE, MD PHYSICIAN J.ROTHSCHILD, CPT, MC 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) DATE MAR 30M REV. 1/68 Glen Barnie

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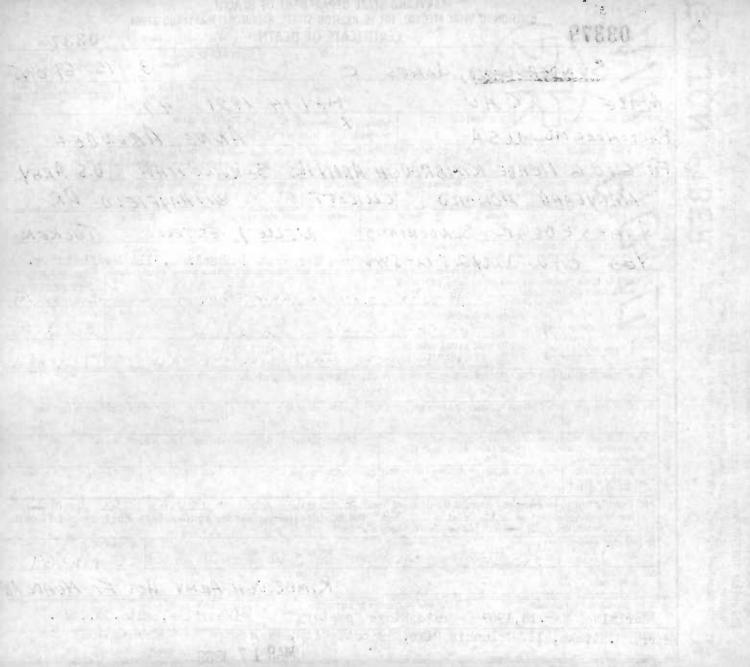
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1			W PRESTON STREET DAI		
	03379	IVISION OF VITAL RECORDS, 301 CER	TIFICATE OF DEATH		03373
	DECEASED-NAME First	Middle	Lost	2g. DATE OF DEATH	2b. HOUR
	(Type or print) SUNDER	LLAND, JAMES	C	Month 3 Day	
3.		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IE UNDER 1 YEAR IF UNDER 24 HRS.
	MALE	CAU	MAY 14	1921   last birthday) YRS.	MONTHS DAYS HOURS MIN.
70.	entry)	. CITIZEN OF WHAT COUNTRY? 8. N	ARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
E	ALTIHORE MD		DOWED DIVORCED	ANNE ARU	INDEL Md.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUT		UAL OCCUPATION (Kind of wark done nast of working life, even if retired.)	12b. KIND OF BUSINESS OR
	T. 660.6. ME	ADE Give street address) ROUGH	I HEMY HOS >	ERVICEMAN	U.S. ARHY
adr	nission) STATE VLAND	lived, if institution: Residence before 13c.		LIMITS? 13e. STREET AND NUMBER	in DR
14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
	LAMES EDG	AR SUNDERLAN			TULKER
16	. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	
	Yes, not ar unknown) (If yes give weren	dotes o(service) (4215-12-54	Anna Margaret	Sunderland, 3114	Mayfield Dr.
	18. CAUSE OF DEATH (Enter anly a	ne cause per line for (a), (b), and (c).)	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY		promounding	edema	munediate
	4109	DUE TO, OR AS A CONSEQUENCE OF	1.00	1	
	Conditions, if ony, which gove ) rise to immediate couse (o),	(b) 4120000	afen larke	retion	immediate
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	D + 1	+ /	
	last.	A OUT OF CONTROL (1)	all more we	ry greene	1 years
		IONS CONTRIBUTING TO DEATH BUT NOT RE	TATED TO THE TERMINAL DISEASE OR	(CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	19a, DATE OF OPERATION 19b, CON	IDITION FOR WHICH OPERATION WAS PERFORA	AED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS (	UNCIDEDED IN CEDTIEVING
FIFICA			YES NO	CAUSES OF DEATHS	CHSIDERED IN CERTITING
		21b. TIME OF INJURY		er noture of injury in Port 1 or Port 2,	Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF OEATH (If either, notify medical examiner)	HOUR A.M. Manth Day Year P.M. 19			
ME	21d. INJURY OCCURRED 21e. PLA	CE OF INJURY (AT HOME, FARM, STREET, EACTORY,)	21f. LOCATION Street or R.F.D. N	o. City or Town	County State
	While Not while at wark of wark				
	22a. I certify that (I) (this t	attended the deceased fr	om 15 MAR , 190	09, ta 15 MAR, 19	GR , that (1) (we) last
	saw the deceased alive	e an 15 MAR 19/39 ) (we) (did) (did net) view the bady	, and that in (my) <del>(our)</del> ap	oinian death accurred an the do	ite and haur and fram the
	22b. SIGNATURE	1 A1		22c.	DATE SIGNED
	F wall	an west.	DEGREE PHYS.	MED STAFE	5 MARG9
	22d. PHYSICIAN'S		22eADDRESS		- 1 - 111 0 1
	NAME (Type)				FT. MEADE MU
230	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)		ERY OR CREMATORY TO COME TO THE COME TO TH	23d. tocation (City or Town) Pikesville, Balto	(County) Md (State)
24		8,1969 Druid Ridg			
H	arrived director tzke, 411	IS COTAMOTS LINES, ET	d. MAR		
			1 AMIN'L	17 1969 Wilson	a Day son



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X		03380			CERTIFIC	CATE OF DI	EATH			033	374
haurs after death. In by the funeral rs. Pages 1 and 2 hours after death.		ECEASED-NAME First (ype ar print)	YTE	Middle NANN I	0	Lost SYKES	2a.	DATE OF D	Manth 3	19 15 Year	2b. HOUR 11;00M
fun fun s 1 e	3. S	X	4. RACE			S. DATE OF BIRTH	1		6. AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS.
nucs affi		FEMALE		WHITE		10-11-	-16 15		last birthday) 53 YRS.	MONTHS	2 HOURS MIN
hour hour	7a.	BIRTHPLACE (State or foreign		OF WHAT COUNTRY?		NEVER MARRIE		UNTY OF D			
24 H		Virginia		USA	WIDOWED				RUNDEL		Md.
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kate be executed within 24 haurs issician and campletely filled in puplease remave carbon papers. Pal, and in any event, within 72 hours	13a. adm	USUAL RESIDENCE (Where decedission) STATE MARYLAI	11/16 (0)	institutian: Residence befare UNTY	BALT	VI	INSIDE CITY LIMITS?		ET AND NUMBER	BARD S'	
and co	14.	FATHER'S NAME First (Late) Thom	Mi	(Dye)		S. MOTHER'S MAIDE	EN NAME First		Middle		Last
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerting by the haspital or attending physician.  Fuge 4 may be retained by the haspital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and adjusted, page 3 should be detached far use as the burial-transit permit. Then please remained be filed with the State Dept. of Health prior to burial, are mation, ar removal, and in any		WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY		INFORMANT Curtis	Sykes,	Вох	20-Address	Stone	y Run,
rend por The p		1B. CAUSE OF DEATH (Enter of	nly ane cause	per line far (a), (b), and (c)	.)	. /			7		OXIMATE INTERVAL IN ONSET AND DEATH
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quires the physician. signed by burial-tran		stating the underlying cause last.	DUE TO	O, OR AS A CONSEQUENCE OF							
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ENDING ed by t ?: After uld be con the State		22a. I certify that (I) (t saw the deceased	nlive on	(did) (did nat) view the	196 4. on	d that in (my)	, 1966 (aur) apinian	todeath ac		ate and ha	at (I) (we) last ur and fram the
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Pag diric sh		DEMONIAL IC., (C. A.	ar.l			Cemete	ery	Hows	ard Cour	ity, M	ld.
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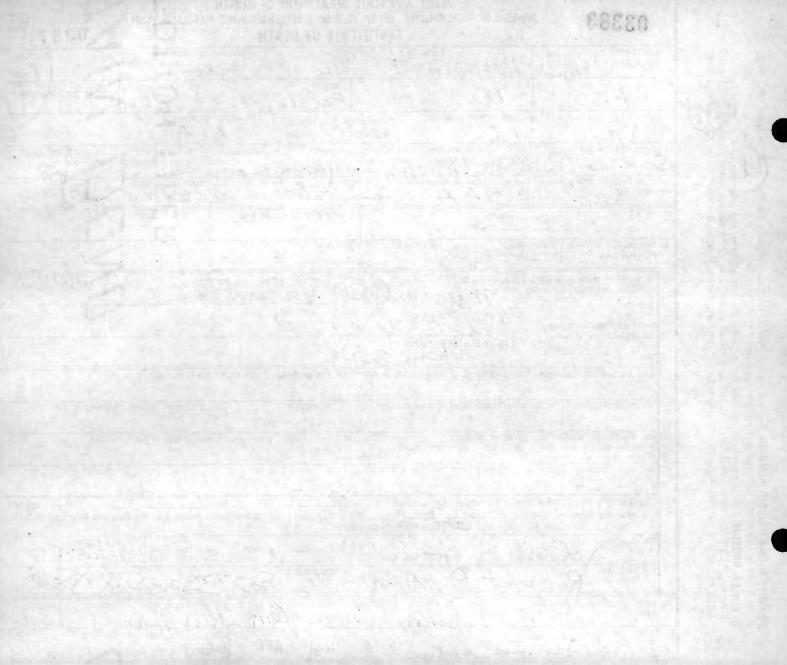
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		00201	DIVISION OF VITAL RECORD			MORE, MARYLAND 212	01	
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	(1)	ype ar print) James	A . S	zamski		Month 3	Day 27 60	6:15
	3. SE	(	4. RACE	S.	DATE OF BIRTH	6. AGE (In year	S IF UNDER 1 YEAR IF	UNOER 24 HRS.
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		IRTHPLACE (Stote or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9.	COUNTY OF DEATH		
	coun		U. S. A.	WIDOWED	DIVORCED [7]	Anna Amunda	1	Md.
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4		Glen Burni	give street oddress)	ndel He	during mos	t of working life, even if reti	red.) INDUSTRY	
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4	14. F	ATHER'S NAME First	Middle Last		MOTHER'S MAIDEN NAME Firs			Last
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1		WAS DECEASED EVER IN U.S.			ORMANT!	/ . Addr	ess O	. /
1		es no or unknown) (If yes g	ve war ar dates of service) 218-38-	-3870AMA	S. HELEN ST	AMSKI 72	4 J. LAKE W	DOD AVE
			anly ane cause per line faz (a), (b), and	(c).) / -	, 4.1		APPROXIMATE BETYMEN ONSET	INTERVAL AND OEATH
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		Conditions, if ony, which go rise to immediate cause (		abola	aslevi	57 Men	Kan	11/10
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		lost.	(c)					
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Н	NO							+
	CERTIFICATION	19a. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIND	INGS CONSIDERED IN CERTI	FYING
1	RTIF		VIII.O	T	YES NO			
		210. ACCIDENT WAS UNDER!	DEATH HOUR A.M. Manth Day Ye		INJUKY OCCURRED (Enter r	nature af injury in Part 1 or P	ort 2, Item IB.)	
	MEDICAL	(If either, natify medical exc	miner) P.M.	19	1 2 2 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C'A T	C	Stote
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I		saw the deceased	(this haspital) attended the dece	_19 69, and 1	that in (my) (aur) apin	ian death accurred an t	he date and haur an	d fram the
-		causes stated ab	ave, (I) (we) (did) (did nat) view t	ne bady after de	ath.			
/		22b. SIGNATURE	No 1.1	/	ATTENDING ME	D. STAFF	22c. DATE SIGNED	10
		\$11110	7 Mulous	DEGREE	PHYS. DIR	RECTOR L PHYS. L	3-27-1	7
6.		22d. PHYSICIAN'S NAME (Type)	2011/1/2011	1 m 7	22e. ADDRESS			
		7777	KY ( MEKIShy	1.1111.10				
2	23a.	BURIAL, CREMATION, 23	Bb. DATE 23c. NAME	OF CEMETERY OR CE	//	23d. LOCATION (City or Town	(County)	(State)
5	0.	DURIAL 1	MARCH 31 1964 170K	Y 1051	2Sa. REC'D BY	PECICIPAD JOSE PROJE	TRAR'S SIGNATURE	
3	24	FUNERAL DIRECTOR	ADDR	/ (	_	NAT	liarles Judg	R.
1	NA	MILLY HOLDING	CZIROWSKI 25251	LEET J	7. DATEAPR	7 1969 /	1	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03376 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Manth (Type or Print) delay and 3 ta DEATH MATED 1F UNDER 24 HRS. 3. SEX DATE OF BIRTH 2c. DATE PRONOUNCED DEAD PM3. 7a. BIRTHPLACE (State or foreign Herm 18. Give Pages ., Office along with farm MARRIED NEVER MARRIED country) WIDOWED [ 10. GITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (Kind, of work done during most of working life wen if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 13e. STREET AND NUMBER admission) STATE 13b. COUNTY hours after 14. FATHER'S NAME Middle Last .⊆ pages haurs 4 should be farwarded to the Chief Medical Examiner pencil 16b. OCIAL SECURITY NO. **INFORMANT** (Yes, na, or ynknawn) within 72 APPROXIMATE INTERVAL BETWEEN MISET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) be executed PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a), writing the ward any certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES [ Б 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK Б 220. I **certify** that I took charge of the remains described above, held on Autopsy , Inspection 4 Inquiry ond in my opinion the funeral director. deoth resulted from Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health ELMER.G. ADDRESS(Street, city, tawn, ar county) NAME (Type) BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d/ LOCATION (City or Town) REGISTRAR'S SIGNATUR VR A15ME (5

MARYLAND STATE DEPARTMENT OF HEALTH

		MARYLAND STATE DEPARTMENT OF HEALTH	
10 6		03383 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	03377
4 -24		DECEASED-NAME First / Middle O Last 20. DATE OF DEATH	2b. HOUR
er death. funerol 1 ond 2	(	Type or print James Hermon Thomas 3-25-69 Month Day	Year 7Am
fur	3. S	SEX J. A. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
s aff		M. Feb. 16, 1903 last birthday) Feb. 16, 1903 last birthday)	MONTHS DAYS HOURS MIN
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ician leose and	160	1. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes no. or (inknown) 1 (If yes give war or doles of isomes)  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address	00
ertificote bu physician ( ten pleose oval, and i.		flina tand Inbun	s-about
he death certif attending phy permit. Then ion, or remova		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Affe Affe Affe Sto		22a. I certify that (I) (this haspital) attended the deceased fram 19, 19, ta 167, 19 saw the deceased alive on 3-15-19, and that in (my) (our) apinian death accurred an the da	te and hour and from the
OR:		causes stated abave, (I) (we) (did) (did not) view the bady after death.	re and noor and main me
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital or ottending physician.  **INRECTOR:** After this certificate has been signed by the attending physician and complete 3 should be detached for use as the burial-transit permit. Then please remove can with the State Dept. of Health prior to burial, cremation, or removal, and in any even		226. SIGNATURE ATTENDING MED. STAFF DIRECTOR DIR	DATE SIGNED
		22d. PHYSICIAN'S NAME (Type) Robert R HAHA) 220-ADDRESS Roy 7350 mg	2 x 2.12
OSPI INER ctor,	00.	A TORE TO THE TOTAL OF THE PARTY OF THE PART	a (Jone)
TO HOSPITAL Poge 4 moy TO FUNERAL I director, pag	230.	REMOVAL (Specify) 3/8/69 23c. NAME OF CEMETERY, OF CREMATORY Con Step (City or Toyh)	(Caunty) (State)
VR ATA	24.	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	
45M 11/69	K	Theit S. Sananes, Sweing Ph, md DATAPR 1 1969 VChan	Car Judeo.



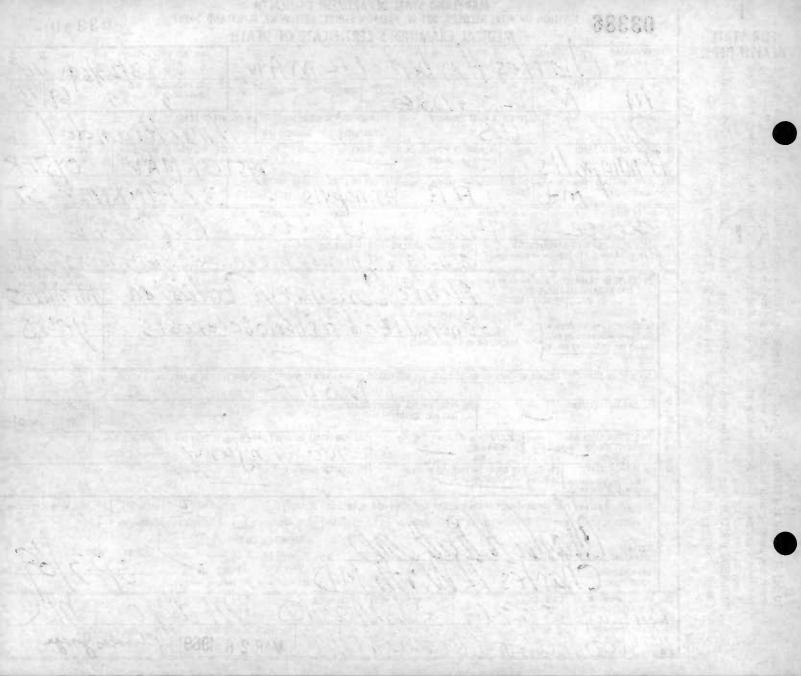
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03378 CERTIFICATE OF DEATH 1. DECEASED-NAME death. Middle 2g. DATE OF DEATH 2b. HOUR (Type ar print) Day Year 3. SEX 4. RACE 24 hours after DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. last birthday) DAYS HOURS MONTHS \_ YRS in by son papers. Pr within 72 hours 70. BARTHPLACE (State of fareign b. CITIZEN OF WHAT COUNTRY? B. MARRIED TANEVER MARRIED 9. COUNTY OF DEATH WIDOWED [ DIVORCED filled NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done Within 12b. KIND QF BUSINESS OR ve street address INDUSTRI remove terbon completely buriol, cremation, or removal, and in ony event, 13c. CITY OR TOWN Coverno Co 13a. USUAL RESIDENCE (Where degeased lived, if institution: Residence before 13daINSIDE CITY LIMITS? executed 3e. STREET AND NUMBER admission) STATE 13b COUNTY 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First pup Lost requires that the death certificate be physicion 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown (If yes give war or dates of service) attending property APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE the signed by the burial-transit Canditians, if any, which gove rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the k Health prior to b TO FUNERAL DIRECTOR: After this certificate hos been TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or ottendin 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detoched for State Dept. of H (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No City or Tawn Stote While Not while County ot wark L at work 22a. I certify that (I) (this haspital) attended the deceased fram and that in (my) (our) apinion death accurred an the date and haur and from the saw the deceased alive an be filed with the causes stated above, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, should b 23a. BURIAL CREMATION. 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) PEANOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR DATEAPR Milionela Un

		03385	DIVISION OF	•		RESTON ST	· ·	RE, MARYLAND 2	1201	0337	9
ī	l. DE	CEASED-NAME First		Middle		Last	20	3. DATE OF DEATH			2b. HOUR
	(1)	(pe or print) NANCY	E. TIER					Month	3 Day	5 Yeor 69	3:00A
3	3. SE	(	4. RACE			S. DATE OF B	IRTH	6. AGE (In y	eors		HOURS MIN
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	7o. B	IRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	B. MARRIED	NEVER MA	RRIED 9. CO	OUNTY OF DEATH			
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1	i3a. admi:	USUAL RESIDENCE (Where deced ssian) STATE	ised lived, if institu 136. COUNTY	tion: Residence before	13c. CITY OI		13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NU			
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	Ye		war or dates of service)	A SECTION AND ADDRESS OF THE PARTY OF THE PA							
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		1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED	nly one couse per l	ine for (a), (b), and (c). ${\sf entricular}$		110+40-				BETWEEN ONS	T AND OEATH
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	4	rise to immediate cause (o),	(b) H	rterioscles AS A CONSEQUENCE OF	rotic	neart (	lisease			Unkn	OWII
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	CERTIFICATION	190. DATE OF OPERATION 196	. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTO	DPSY?	20b. IF YES, WERE FI	NDINGS (	CONSIDERED IN CER	TIFYING
	ZIEK					YES 📑		CAUSES OF DEATH?	YE		
		210. ACCIDENT WAS UNDERLY	NG 21b. TIME ( ATH HOUR A.M.	OF INJURY Manth Day Yeor	21c. H	IOW INJURY OC	CURRED (Enter not	ure of injury in Part 1 o	r Port 2,	Item 1B.)	
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		22a. I certify that (t) (t saw the deceased causes stated above	his haspital) at	tended the decease	ed fram 3	Mar	1969 14) (que) apinias	, to 5 Mar	, 19	te and have a	(we) last
		causes stated above	re, (I) (we) (did	(did not) view the	body after	death.	iy) (down) apililar	i dedili uccolled di	Title ut	are and nati at	ia main ine
		22b. SIGNATURE	)	110	0				22c.	DATE SIGNED	
		( )	ema	3/4	REG	11112	DIRECT			Mar 69	3/17/5
,		22d. PHYSICIAN'S						ough Army			
		NAME (Type) COLW	MAN R SA					G Meade, 1		land 207	
f	230.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OF	CREMATORY	-	d. LOCATION (City of To	wn)	(County)	(State)
	B		ARCh 8, 1		PPN	LAWA	V GEM. A	LAWRENCE		CO. Kei	Vlucky
	24.	FUNERAL DIRECTOR	51	/	BALTO		DATE MAR	7 1969		signature	1.
	(	- TRUMAN.	Schw	AD 35/2	TRE	depit.	DATE IVIMIN	1 1303	Brown	THE YELL	703

MARYLAND STATE DEPARTMENT OF HEALTH

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1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
9		03386 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03380
FOR STATE	L	, MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME (Type or Print) Charles Herbert 12MAN 2a. DATE KNOWN Month OF ESTI- DEATH MATER 3/	Doy Year 2b. HOUR
Po 3 4	3. 5	SEX A. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN MONTH 2 Day 2	3 Yeor 169 2d. HOUR
ny del 2, ond PM3.	-	7 44 5 - 700 60 YRS.	7 198/ A
	con	BIRTHPLACE (Stote or Toreign 7b. CITIZEN OF WHAT COUNTRY?	indel m
haurs ofter deoth  tem 18. Give Poges 1,  Office along with form  and 2 with the State De	10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done give street address)	12b. KIND OF BUSINESS OR INDUSTRY
s offer along along with the		D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSIDE CITY MITS? 13e. STREET AND NUMBER admission) STATE	the State State
18.0 12.w		14 14 HIMEGERS 15 18 18 18 18 18 18 18 18 18 18 18 18 18	NIEY 31
24 hours r's Office es Lond 2	14.	FATHERS NAME First Middle Lost IS MATHER'S MARTIER SMARTHER'S MARTHER'S MARTHE	1971 Lost
Pog Pog		(If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  214-05-2171 D. Lan D. Len 446 C. B. ADDRESS	Halt and
		1B. CAUSE OF DEATH (Enter only one cause per line for (b), (b), ond/(c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ld be executed rd "pending" in Chief Medical E transit permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOUTE OYONARY (COLUSION	Minutes
exe endi Me it pe		4109 DUE TO, OR AS A CONSEQUENCE OF	1100.0
		Canditions, if any, which gove rise to immediate cause (o),	yours
wo wo the trial		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
s certificate si e, writing the forworded to used as a bu emoval, and ii		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-OR CONDITION GIVEN IN PART 1(a)	
ifico ting orde of, o	z	NONE	
	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY?
be et hi	RTIF		YES NO
# p = 9	MEDICAL CI	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M.  P.M.  19  210. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,  19  10  11  12  12  13  14  15  16  17  18  18  18  18  18  19  18  18  18  18	Item 18.)
sh as 3 s	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. No.	Caunty State
XAN te fl ge 4 your oge crer		WHILE AT WORK AT WORK office building, etc.)	
P P P P P P P P P P P P P P P P P P P		22a. I certify that I took charge of the remains described abave, held an Autapsy, Inspection, Inquiry [	, and in my apiniar
se e setar need need by bu		death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined manne	
please e l director retoined.  DIRECTOR OF 10 but on 10		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	- 11-
ITY. 19 Price price		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DA	E SIGNED 3 /49
O DEPUTY DICAL EXAM necessory, pleose execute the funeral director. Page 45 may be retained for your D FUNERAL DIRECTOR: Page Health prior to buriol, crem		NAME (Type) ( ) ADDRESS(Street, city, town, or county)	1-1101
TO DEPUTY DIO necessary, please the funeral direct 5 may be retaine TO FUNERAL DIREC Health prior to be	230	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF LEMETERY OF CREMATORY 23d-) OCATION (City or Jown)	(County)
0	24	Charles 2 200 11/1000 1/10090	S SIGNATURE
VR A15ME (5)	1	Villiam Reosett (Conta 1) / DAMAR 2 6 1969 Jolian	
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03381

CERTIFICATE OF DEATH

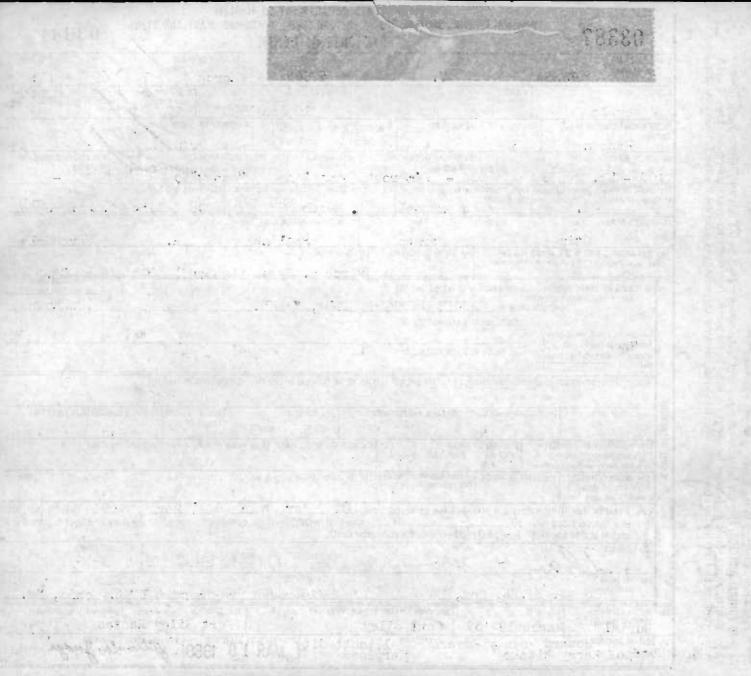
- 10									
		First	Middle		Last	2a. DATE (	OF DEATH	V	2b. HOUR
(1ypi	e or print) ODE	SSA	V.	\$5000 AV	TYSON	March	Month 7 D	oy 69 Year	7:00 M
3. SEX		4. RACE		S	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	Ne	cr	- 6	10 Jan	7010	last birthdoy)	MONTHS DAYS	HOURS MIN
o RIP	THPLACE (Stote or foreign			8		9. COUNTY C		2:1	
untry	1)		HAI COUNTRY		NEVER MARRIED				
	Kansas	USA		WIDOWED			Arundel		Md
). CITY	OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR INS	STITUTION (If not	in hospital 120. US		N (Kind af work done g life, even if retired.		BUSINESS OR
DO.	A - Ft. Mea	de D	street oddress) OA - Kimb	rough A	rmy Hosp	House		INDUSTRI	-
3a. US	UAL RESIDENCE (Where de	ceased lived, if institu	tian: Residence before	13c. CITY OR T	OWN 13d. INSIDE CIT		TREET AND NUMBER		
lmissi	an) STATE Md-	13b. COUNTY	ne Arundel	Ft.	Meade YES XX	NO 1806	08 A Burk	C+ F+	Manda
FAT	HER'S NAME First	Middle	Last		MOTHER'S MAIDEN NAME		Middle	O tra T tra	Lost
. 1741		madic		E-100/10			3.5		
- 187	Otis	ADMID FORCES	Barnes [166. SOCIAL SECURITY I	10 17 115	Paulin	9	M	Barl	ksdale
Yes.	AS DECEASED EVER IN U.S. no, or unknown)   (II yes	give war or dates of service)	IOD. SUCIAL SECURITY I		ORMANT		Address		
	No			Win	ce L. Tyso	a (hush	2008 (bne	A Phros	74.
18	B. CAUSE OF DEATH (Ente	er anly ane cause per l	ine far (o), (b), and (c).	)				BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CA	AUSED BY:	ACTIVE CERE	BRAT. ET	MARKE	D		Unl	cnown
	4389			DILAT CL	The state of				LIO WII
C	anditians, if any, which go		AS A CONSEQUENCE OF					1000	
ris	se to immediate cause (	o). (D)							
	ating the underlying co		AS A CONSEQUENCE OF						
la	st.	(c)							
P	ART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBI	JTING TO DEATH BUT N	OT RELATED TO 1	THE TERMINAL DISEASE O	R CONDITION GIV	(EN IN PART 1(o)		
2									
F 19	a. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
CERTIFICATION 15	OTTO PERSONAL				YES TO NO	CAUS	ES OF DEATH?	Vac	
21	a. ACCIDENT WAS UNDER	LYING 21b. TIME C	F INITIRY	21c HOW	/ INJURY OCCURRED (En	_	iuny in Port 1 or Port	Yes 2 Item 181	
	OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M.	Month Day Yeor	210. 1101	INSORT OCCURRED (EI	ner nordre or m	los in tout to tout	2, 110111 10.,	
	either, notify medical ex	cominer) P.M.					-170		
- 4	1d. INJURY OCCURRED	21e. PLACE OF INJURY	( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	ATION Street or R.F.D. I	No. Ci	ty ar Tawn	Caunty	State
at	work of work								
2	2a Leartify that (1)	(this haspital) at	ended the decease	ed from_DO	A 7 Mar , 19	69 , ta_	7 Mar, 1	19 <u>69</u> , tho	t (I) (we) last
	saw the decease	d alive on		9, and	that in (Inix) (our) oath.	pinion death	occurred on the	dote ond hour	ond from the
	causes stoted ob	ove, (I) (we) (did)	(did not) view the	body after de	ath.				
27	2b. SIGNATURE	1-	</td <td></td> <td>ATTENDING</td> <td>MID</td> <td>CTAFF</td> <td>c. DATE SIGNED</td> <td>400</td>		ATTENDING	MID	CTAFF	c. DATE SIGNED	400
	(1/1	an S	Al-	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF X 8	Mar 69	
22	2d. PHYSICIAN'S	000			22e. ADDRESS				
	NAME (Type) AN G	. STERN, C	nt. MC			h Armsz	Hospital F	Tt. Meade	o. Md.
		23b. DATE		CEMETERY OR CI		2/	TION (City ar Town)	(County)	(Stote)
ou. B		larch 13 16			CEMATURI		Riley Kar	111	(31018)
E	surial"				las				
24. FU	ne of Harry	rd ounty	uneralADDRESS	Illicot	t City 250 RECT	BY REGISTRAR	CO 25b. PELITRAF	K S GNATHRE	al
HOL	ne of Harry	Witzke	M	aryland	DAMA	1 10 19	00	100	7

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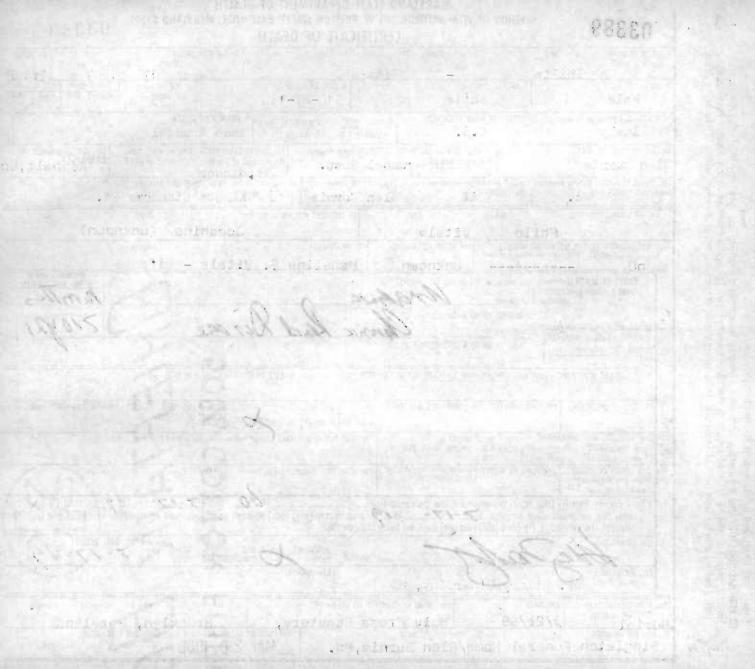
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—Fand 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.



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rnie, ad.	ery Cles Bu					



03390	CERTIFICATE OF DEATH 03384						
1. DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR			
(Type ar print) JOHN		WALCH	March Z	X 201969			
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.			
male	cauc.	Oct. 24, 1899	9 69 YRS.	MONTHS DATS HOURS MIN.			
7a. BIRTHPLACE (State or fareign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH				
Germany	USA	WIDOWED DIVORCED	Anne Anundel	Me			
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital 12a. USUA	L OCCUPATION (Kind of work dane st of working life, even if retired.)				
Annapolis	DOA Anne Ar	umel General	Mechanic	Iron Works			
13a. USUAL RESIDENCE (Where decea admissian) STATE. Mary land	ed lived, if institution: Residence before 13b. COUNTY Anne Arund el		MITS? 13e. STREET AND NUMBER				
14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME FI		Last			
John	Walch		Julia	Gzi ler			
16a. WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	ual ler			
Yes, na, ar unknawn) (If yes give v	rar or dates of service)	Juliana Ammon	- Gambrills, Man	ryland			
1B. CAUSE OF DEATH (Enter ar	ly ane cause per line for (a), (b), and (c)	. /	77 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSE IMMEDI	O BY: ATE CAUSE (a) CCUTE	My ocu clut	Lutordia	1 Suden			
4100	DUE TO, OR AS A CONSEQUENCE OF	11 11					
Canditians, if any, which gave rise to immediate cause (a),		r. c trypoule	245176				
stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	21100 111	Disease				
last.	(c) ( Ce V ac 1	00056010					
	Deltuli	OT RELATED TO THE TERMINAL DISEASE OR CO	feet vile	20-			
19d. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING			
21a. ACCIDENT WAS UNDERLYII	IG 21b. TIME OF INJURY	YES NO 121c. HOW INJURY OCCURRED (Enter		Item 10 )			
G OR CONTRIBUTING CAUSE OF DEA	H HOUR A.M. Manth Day Year		nature at injuly in run 1 at Pun 2,	, 116111 10.)			
21d. INJURY OCCURRED 21e	PLACE OF INJURY ( AT HOME, FARM, STREET, FA	9 CTORY.) 21f. LOCATION Street ar R.F.D. Na.	City or Town	County State			
While Nat while at wark	OFFICE BUILDING, ETC.	/	511 51 15111	3,500			
	is hospital) lattended the deceas	ed from 196	(), to Jan - , 1	9.68 , that (I) (we) la			
saw the deceased of	live on 101	19/2  and that in (my) (aur) ani	nian death occurred on the d	ate and haur and from th			
	(I) (we) (did) (did nat) view the	bady after death.	1 00	DATE COURT			
22b. SIGNATURE	11.1840-11	DEGREE PHYS.	IED. STAFF DIRECTOR PHYS.	DATE SIGNED (29			
22d. PHYSICIAN'S	maring "	22e. ADDRESS	IRECTOR L. PHTS.				
NAME (Type)	hus Govub	ev9 1113	o agenton	14. aleutan			
1117	17 - 1						
23a. BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)			
DEMONIAL IC STA	22/69 Our To	CEMETERY OR CREMATORY  dy of Sorrows  25a. REC'D B'	Owensville	A.A. Md.			

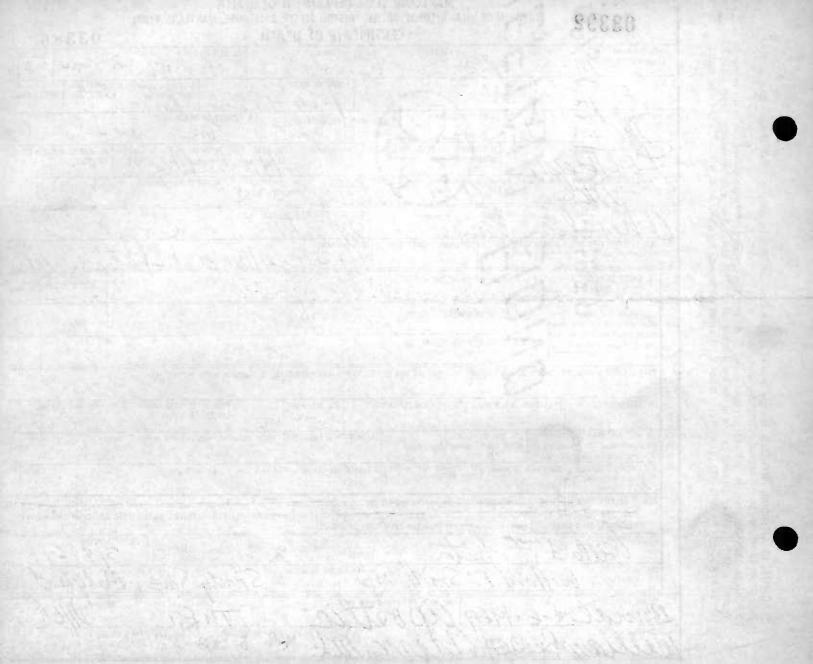
MARYLAND STATE DEPARTMENT OF HEALTH

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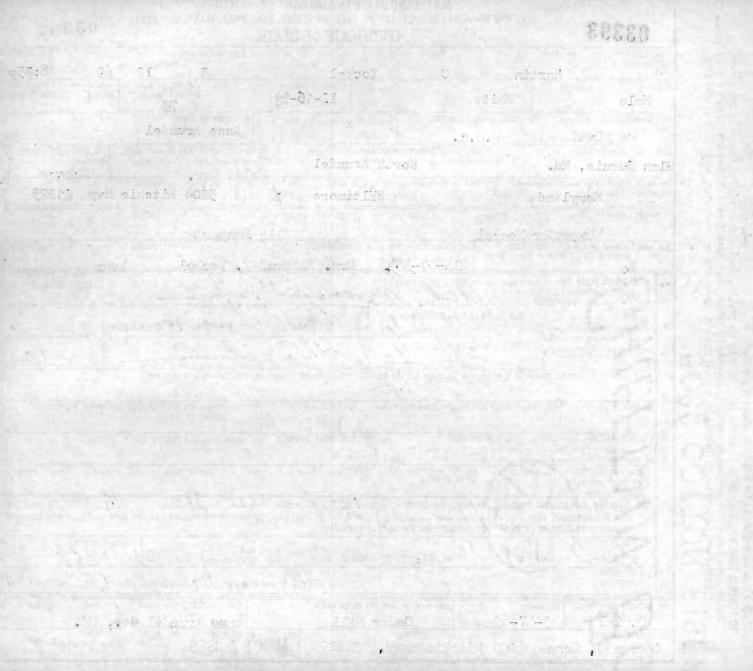
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	. 7.	1. DE	CEASED-NAME F	irst	Middle		Last	2a. DATE O	F DEATH	2b. HOUR
	funeral funeral 1 and 2 fer death.	(T	ype or print)				1/1	Zu. DATE O	Month 3 Day	10 Your 10
	de de			MOND.	DEAR	PHINE	WEZIK			10 100 10.20 N
	fer fer	3. SE	X	4. RACE		5. 1	DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ited within 24 hours after death appletely filled in by the funeral ecrban papers. Pages 1 and 2 vent, within 72 hours after death		MALE	1114	ITE		16-09-	10		MONTHS DAYS HOURS MIN
	hours hours	70 P	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT		18		9. COUNTY O		
	육 교 등 교	coun	try)				NEVER MARRIED	7. COURT O	A	
	2 Pgd 2		Ohio	U.S	•A.	WIDOWED [	DIVORCED _	HAI	VE - HRIL	NDLE Md
	in Sile of the second	10. C	ITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL OR I	NSTITUTION (If not in	haspital 120. US	UAL OCCUPATION	(Kind af work done	12b. KIND OF BUSINESS OR
	completely filled any curpo per yevent, within f	-	TNNAPOLIS		NE-ARI	INAN EI	during	most of working	life, even if retired.)	INDUSTRY Owner
	drb drb	13a.	USUAL RESIDENCE (Where de			13c. CITY OR TOV	WN 13d. INSIDE CITY	LIMITS? 1130 S	TREET AND NUMBER	OWITOL
	The color	admi	ssion) STATE	1 13b. COUNTY			VEC 🗆	100.5		
	2 6 6 2		Maryland	Anne Ar		Crownsv		A D	ox 5111	
	be execute and comp e free ave lin any eve	14. F	ATHER'S NAME First	Middle	Last	15. MC	OTHER'S MAIDEN NAME	First	Middle	Last
	be be		Joseph 1	Work			Agnes R	ozmiare	c	
	requires that the death certificate be executed within g physician.  signed by the attending physician and completely fille burial-transit permit. Then please Permon, carbon po a burial, cremation, ar remaval, and in any event, within	160.	WAS DECEASED EVER IN U.S.		6b. SOCIAL SECURITY	NO. 17. INFO		O ZHILLOUL O	Address	
	fica ysic ple ple ple		es, na, ar unknawn) (If yes g	ive war or dates of service)						
	equires that the death certific physician. signed by the attending phys burial-transit permit. Then p burial, cremation, ar remaval,		Yes	WW LL			s. Betty We	ezik	Same	
	attending permit. The		IB. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	anly ane couse per line	far (a), (b), and (a	).)	0			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	attendii attendii permit. ion, ar re		PART I. DEATH WAS CA	USED BY: EDIATE CAUSE (a)	G.T.	Hemor	raage.			
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	tio to		Conditions, if ony, which ga		A CONSEQUENCE O		anne.			
	the the mati		rise ta immediate couse (	a). (b)			annic.			
	equires that the physician. signed by the burial-transit burial, cremati		stating the underlying cau		A CONSEQUENCE O	F				
	es sici		last.	(c)						
	ohy ign uri uri		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT I	NOT RELATED TO THE	E TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(o)	
	rec g P g b a b				9.114.1					
	4: The law requires the ar attending physician. The has been signed by use as the burial-traisalth priar to burial, cre	CERTIFICATION	IO DATE OF OPERATION	OL COMPLETION FOR WILLIAM	LODEDATION	racanusa T	20 411722212	Too		
	s b as	3		9b. CONDITION FOR WHICH			20a. AUTOPSY?	CALIER	YES, WERE FINDINGS CO S OF DEATH?	ONSIDERED IN CERTIFYING
	the be at 1.	<b>#</b>	2-27-69	Rupt. HORT	IN HNE	URYSM.	YES NO	. CAUSE	OF DEATH!	
	ar are		21a. ACCIDENT WAS UNDER			21c. HOW I	NJURY OCCURRED (Ent	er nature af inju	ry in Part 1 or Part 2, I	tem 18.)
	F F F F F F F F F F F F F F F F F F F	S	OR CONTRIBUTING CAUSE OF		Month Doy Yeo					
	OR ATTENDING PHYSICIAN: be retained by the haspital or JIRECTOR: After this certificate is 3 shauld be detached for u ed with the State Dept. af Heal	MEDICAL	(If either, natify medical exc 21d. INJURY OCCURRED   2	ominer) P.M.	T HOME FARM STREET E	ACTORY 1 215 LOCATI	ON Street ar R.F.D. N	C'1	*	6
	ho		While Not while	Te. PLACE OF INJUNI	FFICE BUILDING, ETC.	ZII. LOCAII	ION Street of K.r.D. N	d. City	ar Tawn	County State
	the det		ar wark ar work							
	N ter		22a. I certify that (1)	(this haspital) atten	ded the deceas	sed fram	, 19_	, to	, 19_	, that (I) (we) last
	A P P P P P P P P P P P P P P P P P P P		sow the deceased	alive on		19, and th	at in (my) (our) or	oinian deoth	occurred on the do	te ond hour and from the
-	OR of the		causes stated abo	ove, (I) (we) (did) (d	id nat) view the	bady after deat	th.			
	F S D S S S S S S S S S S S S S S S S S		22b. SIGNATURE	11	Terror I					DATE SIGNED
	d v d		Bokivar	Herde	0176 N	1) DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	-10-69
	y b d d d d d d d d d d d d d d d d d d		22d. PHYSICIAN'S		1	J.	22e. ADDRESS	DIRECTOR -	11113.	
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta			livar Herdi						• Annapolis
	Page of FUN direct shaul	23a.		b. DATE		CEMETERY OR CREA			ON (City or Tawn)	(Caunty) (State)
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt		REMOVAL (Specify) Burial	3-13-69	Balt	cimore Na	tional	Bal	timore, Ma	ryland
	M.	24.	UNERAL DIRECTOR		ADDRES			BY REGISTRAR	2Sb. REGISTRAR'S	
	VR A15 (4) 45M - 1/69	a	eorge J. Gond	Tomonol	Home how	01 Ritchi		1 7 19	39 Millian	
		U	GOLEG O. COH	C Lange dr	TOWN THO		OF WILL			

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1 1	00000		ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAL		
	03392		CERTIFICATE OF DEATH		03386
erol ond leat	DECEASED-NAME First (Type or print) Mary	Frances	Windsor	20. DATE OF DEATH	Doy Yeor 9 26. HOUR
the fu ages 1 s after	Female	4. RACE Negroe	5. DATE OF BIRTH 9-14-/	6. AGE (In years last birthagy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70.00 ZZ hou	BHRTHPLACE (Stote or foreign 7b untry)	US,A,	8. MARRIED NEVER MARRIED UNIVORCED UNIVORCED	9. COUNTY OF DEATH	rundel Md.
300 1	LOUNAN OF BEATH	give street oddress)		UAL OCCUPATION (Kind of work don most of working life, even if retired	12b. KIND OF BUSINESS OR INDUSTRY
8 02 odr	USUAL RESIDENCE (Where deteosed nission) STATE	ived, if institution Residence before 13b. COUNTY		LIMITS? 13e. STREET AND NUMBER	
14.	FATTER'S NAME First les	Middle asten	TS MOTHER'S MAIDEN NAME	First Middle	ace Lost
or removol, an	D. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give war or		NO. 17. INFORMANT HOUCES	Windso Et	thianM.
	18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE	ne couse per line for (a), (b), and (c)	dial infarca	troi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  N. N. COLOR
ou,	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF			
buriol, cremotion,	rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
0			NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(o)	
KERTIFICATION	19a. DATE OF OPERATION 19b. CON	DITION FOR WHICH OPERATION WAS P	ERFORMED 20o. AUTOPSY?  YES NO	CALICIC OF DEATUR	S CONSIDERED IN CERTIFYING
MEDICAL CER		21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M.	21c. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port	2, Item 18.)
WE	21d. INJURY OCCURRED While Not while of work 121e. PLA	CE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(CTORY.) 21f. LOCATION Street or R.F.D. N	o. City or Town	County State
2010	saw the deceased alive	ospital) attended the deceas on	19 and that in (mv) (our) or	, to, pinian death accurred on the	l9, that (I) (we) last date ond haur and from the
be filed with the Stote Dept. or	22b. SIGNATURE	F Mith	ATTENDING N	MED. STAFF DIRECTOR PHYS. D	P.C. DATE SIGNED 69
be tille	22d. PHYSICIAN'S NAME (Type)	ard F. Smith	MID 22e. ADDRESS	Shady Side,	Maryland
ad bluods	BURIAL, CREMATION, 23b. DATE	1969 23c. MAPRE OF	CEMETERY OF CHEMATORY	23d. LOCATION (City or Town)	(County) / (State)
415 300 24	FUNERAL DIRECTOR	esatt Address	MARD DATE	BY REGISTRAR 25h. REGISTRA	R'S SIGNATURE



MAKTLAND STATE DEPAKTMENT OF HEALTH



FOR STATE &		03394 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03388
HEALTH DEPT.		ECEASED-NAME Middle Last	2a. DATE KNOWN Manth Day Year 2b. HOUR
af de la	(	(ype or Print) Chr. 612mgs JEMRITIS	MGDEATH MATED 3 17 169 PM
delay is and 3 ta A3. Page	3. 5		2c. DATE PRONOUNCED DEAD 2d. HOUR
de M3.		MZLO White 9-14-06 GURS MONTHS DAYS HOURS MIN.	month 3 Doy 17 Year 1969 PN
form P any ateraction			INTY OF DEATH
Pages 1, vith form	canu	MAS 140 MA MIDURED DIVOKED 1/1	une. Mrundel. Co. M.
Pa Pa			CCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Reven if retired.)
->m +	<b>/</b>	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c_CITY OR TOWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
CU 6 W. 0 80		dissistant) STATE 40 13b. COUNTY DA CO. Paraology YES NO D	21591650N ROAD 2112
office 1 and 2 s after s after	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle Last
		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  17. INFORMANT	ADDRESS 39 Julian 19
wit per xan xan 72	1	10.01 dikidari) (ii yes gire war or adies or service) John Gifen a	it is produced in a 1/1-
should be executed a ward "pending" in the Chief Medical E. urial-transit permit. F in any event within		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cottons selection (d), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSHI AND GEATH
executed and and and and and and and and and an		4/24 IMMEDIATE CAUSE (a) CONSEQUENCE OF	
nould be executed ward "pending" if the Chief Medical rial-transit permit.		Canditians, if any, which gave	1
should be e ne ward "per ta the Chief burial-transit i in any ever		rise to immediate cause (o), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho e w a th ouric		last. (c)	
irate ing th ded 1 as a as a ), and	7	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIO	IN GIVEN IN PART 1(0)
certification of the certifica	CERTIFICATION	196. CONDITION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be for a d be u	RTIFI		YES NO
#_ P 0	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH  21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	ure af injury in Part 1 ar Part 2, Item 1B.)
= =	MEE	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No.	City or Town County State
XAN Jate 1 yau yau yau crel	4	AT WORK AT WORK	
tor. Paged far y CTOR: Pburial,			spectian 🗹, Inquiry 🗹, and in my apiniar
director director etained DIRECTOR		death resulted from: Natural causes , Accident , Suicide , Hamicide ,	, Undetermined manner
ry, please ral direct ser etaine sal DIREC		ACTUAL CHIEF MEDICAL EXAMINE	
UTY, Dry, De be Pri	133	SIGNATURE	William 19
no DEPUTY		NAME (Type) E-LIN habout - ADDRESS(Street, city, to	Iwn, or county) A-111CO -
10 To ##	230	BURIAL CREMATION, 23b. DATE Thus 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  Linear Faven  23d.	LOCATION (City or Town) a (County) (State)
OR	24	DONERAL DIRECTORY  ADDRESS  AD	GISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A15ME 157	60	Sustantia 1 Loop Char 10 MAR 18	1303

MARYLAND STATE DEPARTMENT OF HEALTH

AND DESCRIPTION OF PERSONS ASSESSED.